



Quarterly Progress Report January - March 31, 2013

Task Order No.: GHH-I-01-07-00043-00

April 30, 2013

Prepared for
USAID/Zambia
United States Agency for International Development
ATTN: Ms. Joy Manengu, COTR
Ibex Hill, Lusaka
Zambia

Prepared by
FHI/Zambia
2055 Nasser Road, Lusaka
P.O. Box 320303
Woodlands
Lusaka, Zambia

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	iv
QUARTERLY PROGRESS UPDATE	1
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.	1
1.1: <i>Expand counseling and testing (CT) services</i>	1
1.2: <i>Expand prevention of mother-to-child transmission (PMTCT) services:</i>	2
1.3: <i>Expand treatment services and basic health care and support</i>	3
1.4: <i>Scale up Voluntary Medical Male Circumcision (VMMC) services</i>	7
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.	8
2.1: <i>Strengthen laboratory and pharmacy support services and networks</i>	8
2.2: <i>Develop the capacity of facility and community-based health workers</i>	12
2.3: <i>Engage community/faith-based groups</i>	12
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.	13
3.1: <i>Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services</i>	13
3.2: <i>Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness</i>	14
3.3: <i>Increase the problem-solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs</i>	14
3.4: <i>Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities</i>	15
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.	15
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.....	16
STRATEGIC INFORMATION (M&E and QA/QI).....	16
PROGRAM AND FINANCIAL MANAGEMENT	20
KEY ISSUES AND CHALLENGES	22
ANNEX A: Travel/Temporary Duty (TDY)	25
ANNEX B: Meetings and Workshops this Quarter (Jan. – Mar., 2013)	26
ANNEX C: Activities Planned for the Next Quarter (Apr. – Jun., 2013).....	29
ANNEX D: ZPCT II Supported Facilities and Services.....	35
ANNEX E: ZPCT II Private Sector Facilities and Services.....	46

LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
CHC	-	Chronic HIV Checklist
CT	-	Counseling and Testing
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DMOs	-	District Medical Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
ESA	-	Environmental Site Assessment
FHI	-	Family Health International
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART	-	Highly Active Antiretroviral Therapy
HCWs	-	Health Care Workers
IT	-	Information Technology
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and Child Health
MIS	-	Management Information System
MOH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
OIs	-	Opportunistic Infections
PCR	-	Polymerase Chain Reaction
PEPFAR	-	U.S. President's Emergency Plan for AIDS Relief
PMOs	-	Provincial Medical Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PwP	-	Prevention with Positives
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
ZPCT II	-	Zambia Prevention, Care and Treatment Partnership II

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five-year (2009 to 2014) US\$ 124,099,097 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MOH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Northern, North Western and Muchinga. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART). The project implements technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT); counseling and testing (CT); and clinical care services, including ART and male circumcision (MC), for people living with HIV/AIDS (PLHA).

ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are the foundation for ZPCT II. During the quarter, ZPCT II provided support to all districts in Central, Copperbelt, Luapula, Northern, North Western and Muchinga Provinces. ZPCT II is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MOH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will implement quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the capacity of the PMOs and DMOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

This quarter, ZPCT II supported 395 health facilities (371 public and 24 private) across 44 districts. Key activities and achievements for this reporting period include the following:

- 199,152 individuals received CT services in 395 supported facilities. Of these, 139,701 were served through the general CT services while the rest were counseled and tested through PMTCT services.
- 59,451 women received PMTCT services (counseled, tested for HIV and received results), out of which 4,075 tested HIV positive across all supported facilities providing PMTCT services. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT was 3,667
- Provided technical assistance with a focus on new technical strategies and monitoring quality of services.
- All ZPCT II supported facilities offered palliative care services, which addressed the needs of 253,307 individuals.
- 133 public and 21 private health facilities provided ART services and all 154 report their data independently. Of these 133 public health facilities providing ART services, 34 are hospitals and 99 are health centers. A total of 7,806 new clients (including 567 children) were initiated on antiretroviral therapy. Cumulatively, 168,512 individuals are currently on antiretroviral therapy and of these 11,753 are children.

- MC services were provided in 52 public and three private health facilities this quarter. 3,982 men were circumcised across the ZPCT II supported provinces this quarter.
- 135 health care workers were trained by ZPCT II in the following courses: 75 in PMTCT, 27 in pediatric ART/OI management, 33 in ART commodity management for laboratory (4) and pharmacy (8), and 21 in equipment use and maintenance.
- 94 community volunteers trained by ZPCT II in the following: 20 in CT refresher, and 27 in PMTCT and 47 PMTCT refresher
- 24 HCWs from Northern and North-Western Provinces were mentored under the model sites strategy
- Of the 52 new refurbishments targeted for 2012, 45 have been completed, 4 were dropped as some of the buildings identified for refurbishment did not belong to the Ministry of Health, and the remaining three have been moved to this year as the budget estimates were insufficient. Tender advertisement for the 25 facilities assessed and targeted for this year are to begin in the second quarter of 2013.

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (Apr. – Jun. 2013)

The following activities are anticipated for next quarter (April – June 2013):

- Capacity-building trainings for PMOs and DMOs in financial management, governance, HR and planning
- Evaluation of the nurse prescriber program
- ZPCT II will conduct assessments of the private sector sites
- Collection of capacity building management indicators from graduated districts, mentorship in human resource and financial management, and trainings in governance and finance management planning
- Training of health care workers in use of the Chronic HIV Care checklist to screen for Gender Based Violence among clients at facility level
- ZPCT II is developing three research protocols in different subject areas including: male involvement in PMTCT, WeB2SMS and QA/QI

TECHNICAL SUPPORT NEXT QUARTER (Apr. – Jun. 2013)

- Bruno Bouchet Director Health Systems Strengthening will travel to Lusaka, to provide technical assistance to the quality improvement (QI) activities of the ZPCT II project in order to enhance and replicate improvements achieved in HIV prevention, care, treatment and support services from 5th - 17th April 2013
- David Wendt, Senior Technical officer – Health System Strengthening, will travel to Lusaka 8th – 24th May 2013 to conduct internal review of QA/QI and capacity building activities. He will assist to assess the effectiveness of ZPCT II's ongoing capacity building activities and identify opportunities for improving on these efforts.

ZPCT II Project Achievements August 1, 2009 to March 31, 2013

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan–March 2013)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – March 13)	Targets (Jan –Dec 2013)	Achievements (Jan –Mar 2013)	Male	Female	Total
1.1 Counseling and Testing (Projections from ZPCT service statistics)								
	Service outlets providing CT according to national or international standards	430	395 (371 Public,24 Private)	430	395 (371 Public,24 Private)			395 (371 Public,24 Private)
	Individuals who received HIV/AIDS CT and received their test results	1,318,243	1,738,656	754,949	139,701	65,282	74,419	139,701
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ¹	2,175,030	2,487,284	754,949	199,152	65,282	133,870	199,152
	Individuals trained in CT according to national or international standards	2,000	1,581	488	0	0	0	0
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	410	383 (362 Public,21 Private)	410	383 (362 Public,21 Private)			383 (362 Public,21 Private)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	856,787	748,628	227,116	59,451		59,451	59,451
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	87,900	71,927	23,100	3,673		3,673	3,673
	Health workers trained in the provision of PMTCT services according to national or international standards	4,200	3,466	937	75	20	55	75
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)								
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	430	395 (371 Public,24 Private)	430	395 (371 Public,24 Private)			395 (371 Public,24 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ²	522,600	331,994	268,986	253,307	98,204	155,103	253,307
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	41,500	20,902	21,409	18,111	9,057	9,054	18,111
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	2,500	1,942	585	27	7	20	27
	Service outlets providing ART	170	154 (133 Public,21 Private)	170	154 (133 Public,21 Private)			154 (133 Public,21 Private)
	Individuals newly initiating on ART during the reporting period	135,000	111,957	37,487	7,806	3,195	4,611	7,806
	Pediatrics newly initiating on ART during the reporting period	11,250	8,518	2,893	567	281	286	567
	Individuals receiving ART at the end of the period	205,102	168,512	205,102	168,512	67,156	101,356	168,512
	Pediatrics receiving ART at the end of the period	14,121	11,753	14,121	11,753	5,899	5,854	11,753

¹ Next Generation COP indicator includes PMTCT

² **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan–March 2013)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – March 13)	Targets (Jan –Dec 2013)	Achievements (Jan –Mar 2013)	Male	Female	Total
	Health workers trained to deliver ART services according to national or international standards	2,500	1,942	585	27	7	20	27
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	430	395 (371 Public, 24 Private)	430	395 (371 Public, 24 Private)			395 (371 Public, 24 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	22,829	19,112	6,051	1,412	776	636	1,412
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	2,500	1,942	585	27	7	20	27
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	32,581	34,659	4,152	3,021	1,755	1,266	3,021
1.4 Male Circumcision (ZPCT II projections)								
	Service outlets providing MC services	55	55 (52 Public, 3 Private)	55	55 (52 Public, 3 Private)			55 (52 Public, 3 Private)
	Individuals trained to provide MC services	390	310	80	0	0	0	0
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	50,364	46,354	20,000	3,982	3,982		3,982
2.1 Laboratory Support (Projections from ZPCT service statistics)								
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	120	122 (109 Public, 13 Private)	120	122 (109 Public, 13 Private)			122 (109 Public, 13 Private)
	Laboratories with capacity to perform clinical laboratory tests	145	157 (138 Public, 19 Private)	145	157 (138 Public, 19 Private)			157 (138 Public, 19 Private)
	Individuals trained in the provision of laboratory-related activities	900	847	130	25	18	7	25
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	5,617,650	4,966,245	1,179,819	364,355			364,355
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)								
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,200	1,561	500	20	7	13	20
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	1,194	350	74	25	49	74
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	800	632	168	0	0	0	0
3 Capacity Building for PHOs and DHOs (ZPCT II projections)								
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	55	55	55	55			55
4 Public-Private Partnerships (ZPCT II projections)								
	Private health facilities providing HIV/AIDS services	30	24	30	24			24
Gender								
	Number of pregnant women receiving PMTCT services with partner	N/A	233,560	86,652	20,869		20,869	20,869

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan–March 2013)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – March 13)	Targets (Jan –Dec 2013)	Achievements (Jan –Mar 2013)	Male	Female	Total
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	567,679	N/A	45,608	20,006	25,602	45,608

QUARTERLY PROGRESS UPDATE

Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

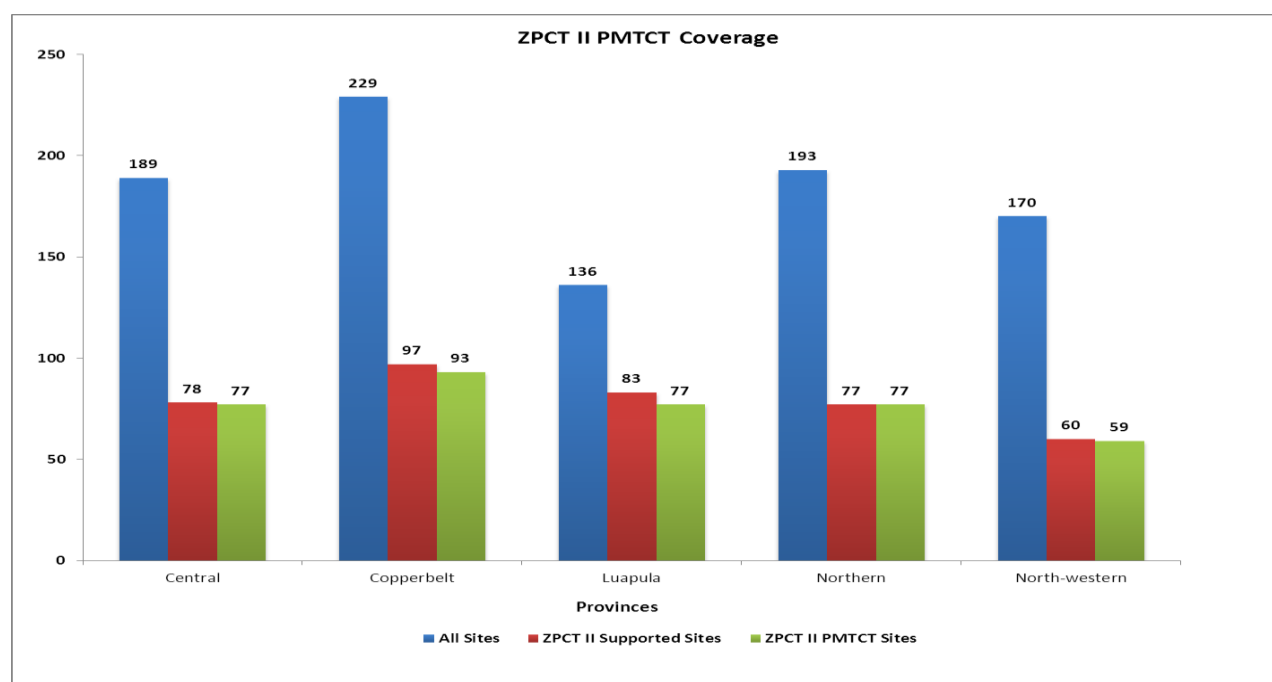
1.1: Expand counseling and testing (CT) services

371 public and 24 private facilities provided CT service this quarter. The ZPCT II staff continued to provide technical assistance (TA) to HCWs and lay counselors in these supported sites. A total of 139,701 clients received pretest counseling and testing and test results. Of these, 16,892 clients were HIV positive and were referred for assessment for ART. Our TA focused on:

- Couple counseling and testing: This quarter, HCWs and community volunteers were mentored on couple CT with emphasis on early linkages to care and treatment for discordant or concordant couples. A total of 24,599 individuals received CT as couples, 326 of these were discordant couples, and all were referred for ART services. In line with the new ART guidelines, health facility staff mentored to identify and refer immediately all HIV positive individuals in the discordant couples to ART clinic for initiation of HAART.
- Integrating CT into other health services: The provider initiated CT was strengthened in FP, STI, TB and MC services during this reporting period. 8,743 CT clients were referred for FP and 6,600 of them were provided with FP services. As a result, 15,963 FP clients were provided with CT services. As part of TB/HIV integration under CT services, 1,489 TB clients with unknown HIV status received CT (i.e. 47% of all TB patients with unknown status). A total of 10,718 uncircumcised male clients who tested HIV negative were referred for MC.
- Counselor support meetings: ZPCT II staff provided support to the quarterly counselors meetings as part of quality assurance and upholding of the professional ethics. One counselor meeting from Northern Province took place this quarter.
- Strengthening of retesting of HIV negative CT clients: ZPCT II mentored HCWs to strengthen re-testing of all HIV negative CT clients after the three month window period as well as to improve proper documentation through working with data entry clerks based in the facilities. Data clerks were urged to be checking the register at least every day at end of shift to help counselors' correct wrong entries and avoid under reporting at the end of the month. A total of 26,239 negative clients were re-tested this quarter showing a reduction in comparison to 28,304 tested during the previous quarter. A 2,605 (9.9%) of them testing positive. All those that sero-converted were immediately referred to ART services.
- Pediatric CT services: Routine child CT has continued to be strengthened in both under-five clinics and pediatric wards. 12,707 children were tested for HIV in under-five clinics and 10,621 in pediatric wards across the six supported provinces this quarter. Of these, 1169 tested positive, received their test results and 730 were linked to care and treatment services and entered on Pre-ART. 567 children were commenced on ART. Collaborative efforts on the Project Mwana with UNICEF and MOH, ZPCT II is helping in reducing the turnaround time of the DBS results in the supported sites. ZPCT II and MOH are monitoring the system and providing technical assistance to HCWs as needed.
- Screening for chronic conditions within CT services: This quarter, ZPCT II mentored HCWs on routine use of the chronic HIV care (CHC) symptom screening checklist to screen for hypertension, diabetes mellitus and tuberculosis (TB) in CT settings. In addition, mentorship of HCWs and lay counselors in administration of the CHC checklist continued as an ongoing activity. A total of 18,037 checklists were administered on CT clients compared to 20,236 clients in the previous quarter. This was attributed to stock-outs of checklist forms this quarter and the checklist forms were printed and distributed to all the supported provinces.
- Integration of screening for gender based violence (GBV): Screening for GBV remained a priority even this quarter. This quarter, ZPCT II conducted a one-day orientation for 16 CT consultant trainers. The trainers will in turn use the same module to orient participants in GBV during the basic CT trainings. In addition, counselors were encouraged to refer any victims of GBV to other services as needed such as emergency contraception, legal aid, etc.

1.2: Expand prevention of mother-to-child transmission (PMTCT) services:

Across the six ZPCT II supported provinces, 362 public and 21 private health facilities provided eMTCT services. ZPCT II technical staff provided TA in PMTCT to HCWs and lay counselors in all the facilities visited this quarter.



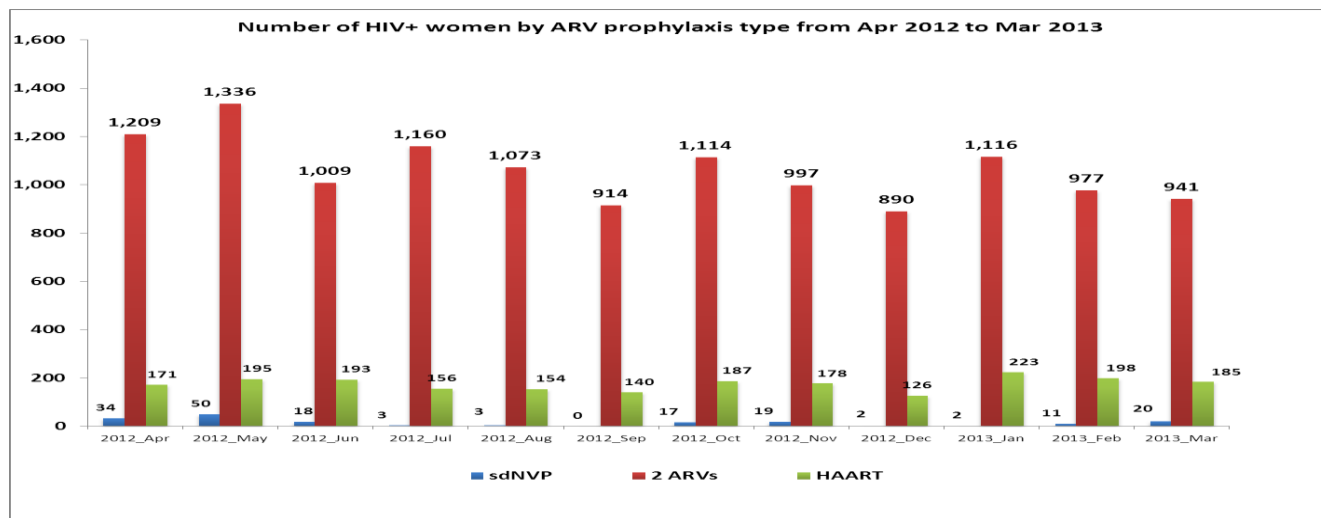
This quarter, ZPCT II continued strengthening routine HIV testing during the first ANC visit using opt out strategy, provision of more efficacious regimens (combination ARVs) for eMTCT, couple counseling, early infant diagnosis using DBS. In addition, CD4 sample referral systems and hemoglobin monitoring for HIV positive mothers were strengthened to facilitate initiation of AZT. In line with the renewed global and national efforts towards eMTCT of HIV, a total of 59,451 new antenatal clients accessed eMTCT services; 4,075 of them tested HIV positive and 3,667 received combination ARVs for eMTCT.

During the reporting period, the area of TA focus in eMTCT included:

- Access to CD4 assessment or WHO staging: During this reporting period, 2,506 (61%) of the 4,075 HIV positive pregnant women had their CD4 assessment completed. While 2,860 were assessed either by CD4 count or WHO clinical staging.
- Provision of more efficacious ARV regimens for HIV positive pregnant women: Out of 2,860 HIV positive pregnant women that were assessed for eligibility by CD4 count or WHO clinical staging, 989 were eligible for HAART and 606 were initiated on HAART. Those who were not eligible for HAART were initiated on combination ARV prophylaxis of AZT/NVP. The ZPCT II supported health facilities are phasing out single dose NVP. This quarter, 33 HIV positive pregnant women received sdNVP due to low Hb and could not receive AZT.
- Re-testing of HIV negative pregnant women: ZPCT II continued its efforts to improve and strengthen HIV retesting for pregnant women who test HIV negative early in pregnancy with emphasis on accurate documentation in the integrated eMTCT registers. This quarter, 13,618 pregnant women were re-tested for

HIV compared to 13,994 in the previous quarter. Of those re-tested, 338 tested HIV positive (sero-converted) compared to that sero conversion in the same reporting period of last year (563). All those that sero-converted were provided with ARVs for PMTCT prophylaxis or treatment accordingly.

- Strengthening early infant diagnosis (EID) of HIV for exposed babies: DBS collection for all exposed infants continued in the ZPCT II supported facilities as part of ongoing paediatric HIV effort. During this quarter, a total of 229 health facilities provided EID services and 4,331 samples were sent to the PCR laboratory at ADCH, out of which 262 were reactive.



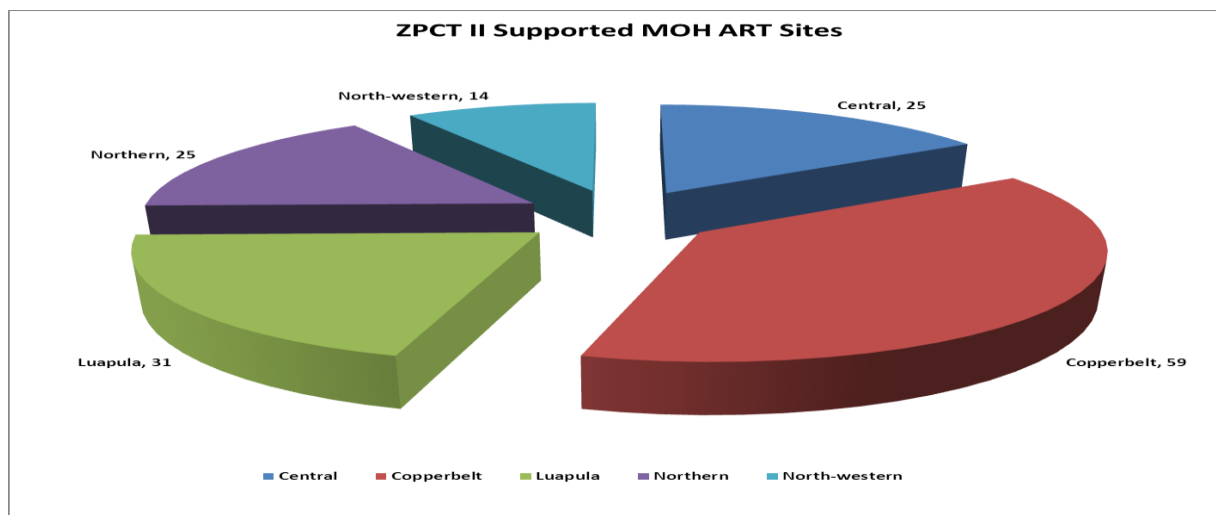
Other TA areas of focus under eMTCT included:

- Integrating family planning within ANC/PMTCT and ART services: ZPCT II continued mentoring HCWs and community volunteer counselors on how to provide FP counseling to clients seeking eMTCT and ART services. Documentation was emphasized during TA visits in the eMTCT, CT, and FP registers. A cue card for lay counselors has been developed to strengthen family planning integration into HIV services
- HIV retesting study: Data collection has ended and data is being cleaned in readiness for analysis.
- Project Mwana Trainings: Monitoring the performance of supported facilities on Project Mwana continued for EID using the web management tool. Trained ZPCT II staff worked with RemindMI agents to follow-up all postnatal mothers at six days, six weeks, and six months with a view to strengthen EID and reduce turnaround time for PCR results.

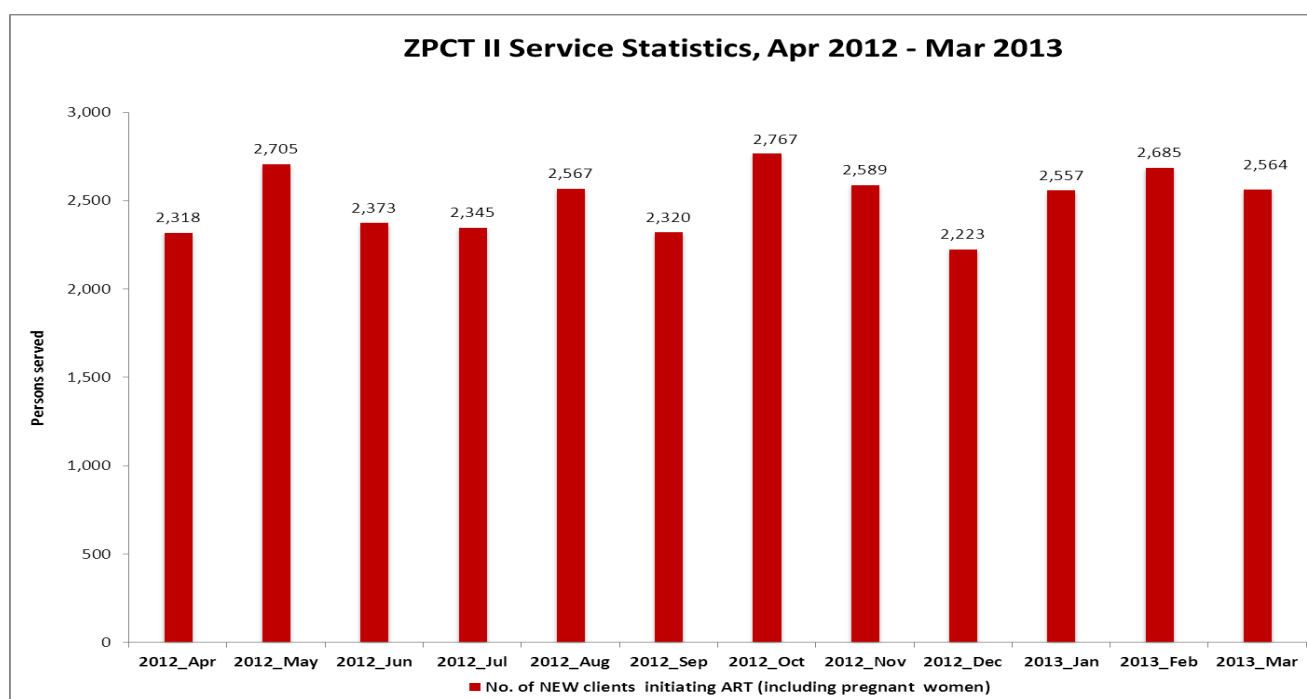
1.3: Expand treatment services and basic health care and support

ART services

During the reporting period, 133 public (34 hospitals and 99 health centers) and 21 private health facilities provided ART services in the six ZPCT II supported provinces. All the 133 public ART facilities report their data independently.



7,806 new clients (including 567 children) were initiated on antiretroviral therapy this quarter. This included 870 pregnant women that were identified through the PMTCT program – this is approximately 11.14% of all eligible HIV positive pregnant women. Cumulatively, there are now 168,512 patients that are receiving treatment through the ZPCT II supported sites, out of which 11,753 are children.



This quarter, the TA focused on the following:

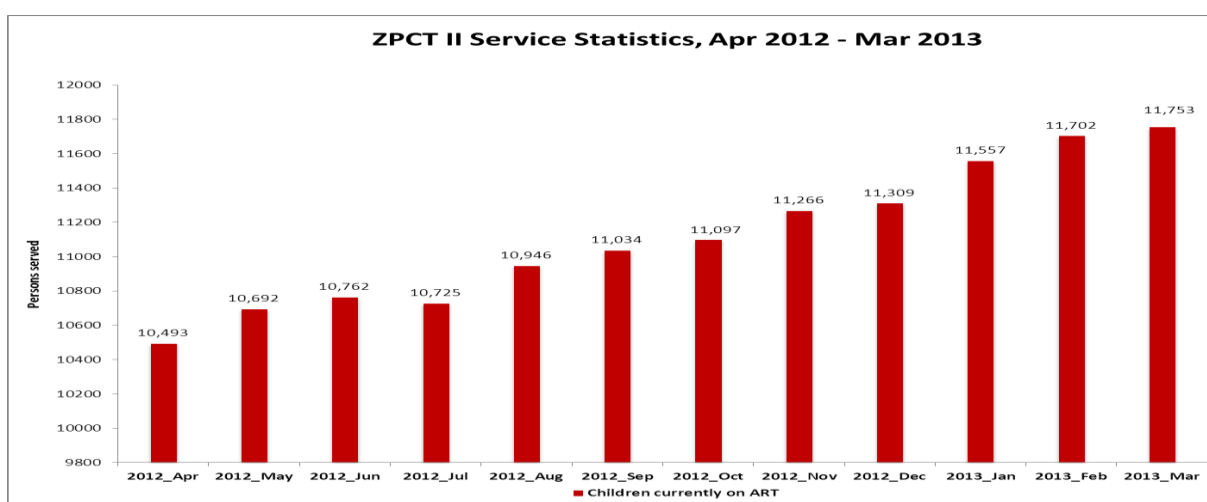
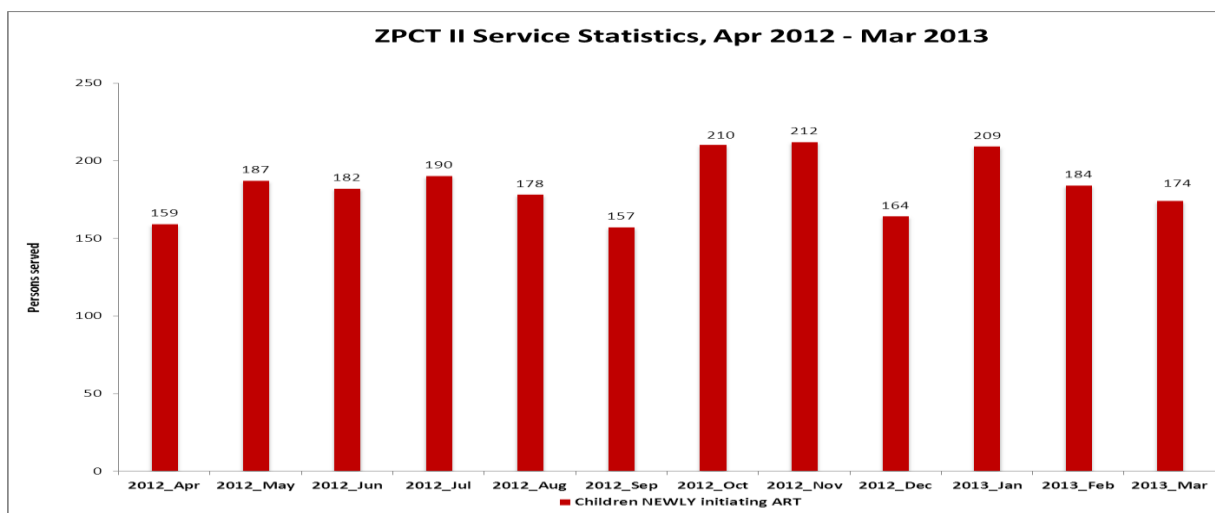
- Strengthening immediate initiation of HAART for certain conditions as per ART national guidelines: ZPCT II staff provided technical assistance to HCWs in the ART clinics to ensure timely initiation of eligible ART clients. This included eligible HIV positive pregnant women, HIV positive partners in discordant couples, patients co-infected with HIV and TB, patients co-infected with HIV and active Hepatitis B, children below two years of age as well as those with CD4 count below 350 irrespective of clinical state and WHO baseline clinical stage 3 or 4 irrespective of CD4 count. 399 out of 742 HIV positive new TB patients, representing 53.7% were initiated on ART within 60 days of starting TB treatment. 151 out of 719 individuals in discordant couples as well as 742 TB-HIV co-infected individuals were initiated on treatment.
- HIV Nurse Practitioner (HNP) program: ZPCT II continued providing technical assistance and hands on mentorship to trained HIV Nurse Practitioners (HNPs) in all the supported facilities. Most of them have been given significant ART related responsibilities in their respective facilities such as being ART focal persons or exempted from routine staff rotations. ZPCT II also participated in the review of the report which followed the data collection process to evaluate the HNP program which was undertaken jointly with the General nursing Council (GNC) and the Ministry of Health. On the other hand, training of nurse tutors for integrating the HNP program in nursing schools as a standard post-graduate course for nurses started in January 2013. This is supported through a grant managed by General Nursing Council and (GNC) and University of Zambia School of Medicine.
- Web2SMS initiative: This quarter, web2sms program resumed with technical support from I-Connect providers of the internet service. The standard operating procedures (SOPs) and the fortnight excel reporting spread sheet were revised and circulated. For example, now the report reflects the number of exposed babies, using the indicator on representing number of encrypted results received from the DNA PCR laboratory, instead of number of pregnant mothers. In addition, orientation in the use of the operating system of the new web2sms by I-Connect was conducted for data entry clerks and clinical care staff. Four of the six ZPCT II supported provinces have since started reporting.
- Post exposure prophylaxis (PEP): ZPCT II has continued to support and provide TA in the 316 facilities providing PEP services. Supervision and continuous mentorship in the utilization of the national PEP registers for adequate reporting was provided this quarter. The supported health facilities with misplaced or missing registers were replaced. Additionally, health care workers were mentored in the report and requisition of drugs to avoid drug stock outs and expiry. A total of 122 clients accessed PEP services in last quarter.
- Model sites: 24 HCWs from two ZPCT II provinces (11 in Northern and 13 in North-Western) were mentored in each of the respective provinces model sites. The objective of these continuous mentorship activities for HCWs is to refresh and upgrade their knowledge and skills in their respective technical areas. In the next quarter, all model sites will routinely conduct quarterly mentorship activities at the two model sites in each province based on the submitted plans.

Pediatric ART activities

ZPCT II supported the provision of quality pediatric HIV services in 154 ART sites this quarter. From these facilities, 480 children were initiated on antiretroviral therapy, out of 212 who were below two years of age. Of all the children ever initiated on treatment, 10967 children remain active on treatment. The focus of technical assistance by ZPCT II for pediatric ART included:

- Strengthening early infant diagnosis of HIV and enrollment into HIV care and treatment: During the quarter under review, ZPCT II in collaboration with UNICEF and MOH continued to roll out the Mwana Health internet interface program for getting DNA PCR results rapidly to HCWs and community volunteers in order to effectively track HIV positive babies below two years of age for initiation on HAART. A total of 52 facilities (21 in Northern Province, 19 in Central, and 12 in North-Western Province) have been active on the Mwana Health program and have been retrieving results from the PCR laboratory. This quarter, a total of 212 children out of 277 that were HIV positive and between 0 to 24 months where initiated on HAART based on the national guidelines for those with positive DBS/PCR results.

- Adolescent HIV services: A total of 12 adolescent HIV clinics were operational this quarter. This quarter, Copperbelt and North-Western Provinces conducted the adolescent HIV support group meetings to address ART adherence, stigma, disclosure and sexual reproductive health challenges for adolescents. A total of 238 adolescents were initiated on ART during this period, while 12279 are currently on ART.
- National SmartCare revisions activities: ZPCT II participated in the national stakeholder revision of clinical SmartCare forms in view of recent changes in the national guidelines, up-coming expectations in B plus implementation and dynamics in new indicators. The ZPCT II internal orientation of the final national versions of these changes will take place next quarter including their roll out.
- National level activities: At central level, in collaboration with MOH and other partners, ZPCT II participated in the development of draft national mobile HIV service guidelines for 2013 and attended the national ART technical working group meetings on adults and pediatrics.



Clinical palliative care services

A total of 371 public and 24 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 10784 (including 730 children) clients received care and support at ZPCT II supported sites. The palliative care package consisted mainly of provision of cotrimoxazole (septrin), and nutrition assessment using body mass index (BMI). In addition, ZPCT II also supported screening of chronic conditions such as hypertension and diabetes mellitus.

- Managing HIV as a chronic condition: ZPCT II supported screening for selected chronic conditions in patients attending HIV services. This quarter, 9697 patients were screened for diabetes using the chronic HIV checklist.
- Nutrition assessment and counseling: ZPCT II continues to support the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). A total of 7763 were assessed for nutritional status using BMI.
- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 35587 clients were screened for GBV in ART clinical settings primarily by ASWs. Those found to have GBV issues were referred to other services as needed such as further counseling, those needing shelter, economic empowerment support and paralegal services etc. A detailed reference database where victims of GBV can be referred is being consolidated for operationalization.
- Cotrimoxazole prophylaxis: ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children in accordance with the national guidelines. This quarter, 7339 clients were put on cotrimoxazole prophylaxis, including 2796 initiated on cotrimoxazole through the PMTCT program.

1.4: Scale up Voluntary Medical Male Circumcision (VMMC) services

ZPCT II supported 55 VMMC sites (52 public and 3 private health facilities) in providing services according to the set national standards. Technical assistance, mentorship and supportive supervision were provided in the sites. This quarter, 3978 men were circumcised (2675- in static sites and 1303 through outreach MC services). Out of these, 2947 were counseled and tested for HIV before being circumcised (73.6% testing rate).

- Mentorship and supervision of HCWs providing MC services: Technical assistance, mentorship and supportive supervision was provided in all the 55 MC supported sites with focus on improving data management using the new VMMC registers that were designed to allow documentation of post-operative care period and adverse events. The post training MC mentorship conducted by UTH and Surgical Society of Zambia (SSZ) will resume next quarter.
- Outreach MC activities: To ensure increased access for VMMC services that are close to client's homes, ZPCT II implemented mobile MC services. This quarter, ZPCT II conducted seven MC outreach activities in seven districts across the supported provinces. A total of 1303 men were circumcised in the following provinces: 444 in Central; 385 in Copperbelt, 139 in Luapula, 110 in Northern, and 225 in North-Western.
- Data management tools /Job aids / IEC materials for MC: ZPCT II Technical officers participated in roll-out of the data capturing tools (MC registers and Client forms) by conducting orientation meetings in all supported MC sites. This was part of supporting the newly deployed MOH new standard MC register and client intake forms.
- National level MC activities: ZPCT II has been actively participating in all MC TWG monthly meetings that have provided guidance on VMMC scale up activities such as development of provincial TWGs to improve partner collaboration at provincial level, adherence to surgical safety measure during national campaigns, use of the national MC registers in all our reporting system, planning for the advocacy through traditional leaders and planning for the hosting of regional conference on demand creation in Southern Africa. The new MC National Coordinator has been recruited and will now operate under the MCDMCH from MOH.

TB-HIV services

ZPCT II supported health facilities to strengthen TB/HIV services during this quarter. The focus for technical support included:

- **Strengthening of screening for TB:** Intensified Case Finding (ICF) for TB continued in the supported health facilities with 10,090 patients seen in clinical care/ART clinics screened for TB in the clinical settings, 1124 patients receiving HIV care and treatment were also receiving TB treatment. 742 TB patients were started on ART. 1,489 TB infected patients had unknown HIV status, while 1,103 received counseling and testing for HIV in the quarter.
- **TB and ART co-management:** ZPCT II staff mentored and monitored the linkages for HIV positive TB clients who are eligible for ART and how early they were initiated this quarter. Trends show that 53.7% of clients were initiated on ART within 60 days of starting TB treatment compared with 46.2 % after 60 days. In comparison to last quarter, the trend represents a relative drop in early initiation of ART within 60days and improvement in after 60 days initiation 45.5% respectively. Further work at program level needs to be done to further enhance ART uptake in the first 30 and 60 days respectively.
- **The 3 I's protocol:** Under the WHO 3Is project, ZPCT II collaborated with TB CARE I in the following activities:
 - Assessment of 13 out of 15 target sites for the preparation of the WHO 3 Is project began in March 2013 using assessment tools developed by local and international TB CARE I, CDC, USAID and OGAC staff members.
 - Supported TB CARE I in the hiring process of 5 clinical and 3 laboratory officers and in providing intensive orientation focusing on improving their knowledge of TB, current recording and reporting tools, the basics of Xpert MTB/RIF assay and understanding of the WHO 3 Is focus activities.

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

2.1: Strengthen laboratory and pharmacy support services and networks

Laboratory services

ZPCT II supported 138 laboratories in public health facilities this quarter. A total of 109 of these laboratories have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis, while the remaining 29 provide minimal laboratory support. In addition, ZPCT II is supporting 19 laboratories under the public-private partnership, 13 of which have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. This quarter, ZPCT II provided support in technical assistance, renovations, equipment maintenance, training and procurement of equipment.

- **PCR laboratory at Arthur Davison Children's Hospital:** This quarter, the DNA PCR laboratory recorded two major stock outs of Roche Amplicor HIV-1 DNA Test kits with the longest stock out lasting for one week. During this period, extraction of HIV-1 DNA continued using the excess extraction reagents provided for in the Amplicor kits. ZPCT II commenced procurement of six laboratory consumable bundles to cushion the national stock out of this commodity and avoid a looming stock out at the lab. Delivery however is still pending, and operations at the laboratory have continued using a buffer stock that was provided by MSL. During the quarter two certificates were issued by CDC GAP based on the laboratory's 100% achievement in all three EQA proficiency tests for the year 2012. One was a certificate of participation in the program and the other a certificate of excellence.

Human resource shortages continued to be experienced in the laboratory and ZPCT II has increased support to the lab by allocating one ZPCT II Copperbelt provincial laboratory technical officer to provide support to the lab on a scheduled basis. It was agreed that a consultant needs to be hired to ensure service delivery is not disrupted at the lab. This is still in process and will greatly reduce on the demand being placed on the lab manager.

- Strengthening early infant diagnosis of HIV– improving turnaround time for DBS results: The laboratory continued to participate in the scale up of the Project Mwana SMS result system. One hundred and thirteen (113) additional facilities were added to the system during the period bringing the total number to one hundred and ninety three (193) across all the six provinces supported by ZPCT II. Project Mwana continues to be monitored and the expansion to more sites has worked well. Retrieval of results has been monitored by the PCR Laboratory confirming significant reduction in turnaround times. Few challenges have been noted in selected sites including non-retrieval of results and delayed follow-ups, and ZPCT II continues to mentor the facility staff involved in this activity. The noted reduction in turn-around time has prompted some partners to propose that the SMS initiative be extended to CD4 results as well. This activity continues to be monitored closely
- Specimen Referral System: Specimen referral activities continued at the usual rate, and ZPCT II continued to support its implementation. Similar challenges with functionality of the motorbikes continued to be experienced as ZPCT II has not yet procured the additional motorbikes as planned. However, where feasible motorbikes were repaired and in some instances, the DMO's provided transport for the transportation of the specimens. An average of 41,215 (41,000) samples were referred from 254 facilities to 94 laboratories with CD4 testing capacity.
- Point of care CD4 using PIMA: The final report on the PIMA, point of care analyzer for CD4 enumeration, was not disseminated by MOH during the quarter. The finalization of the guidelines for PIMA use in country has been in discussion and it is anticipated that these will be completed before the end of the next quarter. The anticipated roll-out of the PIMA will help to alleviate some of the challenges experienced with CD4 access for both PMTCT and ART clients.
- Internal quality control (IQC): Technical assistance was intensified during the quarter particularly for provincial laboratories which are not only ZPCT II model sites but also SLMTA sites. This was prompted by the call for these centres to be models of excellence. The practice is steadily being integrated into routine practice which is a positive development as the levels of consciousness on practices and documentation of internal quality practices have been significantly raised.
- External quality assurance: ZPCT II supported the MOH approved external quality assurance programs as follows:
 - *CD4 EQA Program:* Ministry of Health provided feedback on communication received from the CD4 assessing agency, UKNEQAS, regarding performance of CD4 testing laboratories and indicated that some reports received lacked consistency and were not very informative. Generally the MOH noted a decline in the services being provided by UKNEQAS and advised partners that alternative agencies will be explored and next steps would be communicated promptly. Partners have been encouraged to continue to ensure that internal quality control practices for CD4 enumeration continue, with an emphasis on their documentation.
 - *TB EQA and other TB diagnostic activities* Gene X-pert placement assessments have been conducted by partner project TB Care I in some ZPCT II supported sites and ZPCT II staff have participated in the series of consultative meetings held with the National Tuberculosis Program (NTP) and partners. It is anticipated that when the equipment is placed and the algorithm is finalized ZPCT II laboratory staff will be trained in the use of the equipment. Meanwhile ZPCT II staff provided technical support for routine smear diagnosis using the Ziehl Nielsen (ZN) technique. Functionality of microscopes is also monitored as is facility participation in EQA.
 - *HIV EQA Program:* ZPCT II participated in the planning meetings for HIV EQA distribution and provided the national reference laboratory with an updated list of ZPCT II supported sites. With support from CDC, the Reference Laboratory has sent out the panels via Express Mail Services (EMS) and has advised partners on the recipient sites. ZPCT II provincial lab staff will follow up with sites to ensure panels have been received and will follow-up on timely feedback to the reference lab. Feedback on performance of sites is expected next quarter.
 - *10th Sample QC for HIV testing and other EQA Monitoring:* ZPCT II continued to emphasize 10th sample quality control as an in-house quality testing check for HIV testing. This is reported as being done but challenges have been noted with inconsistencies in documentation. Human resource

capacity has been cited as a challenge. With the recommencement of HIV external quality assessment via dry tube samples HIV testing quality will be double checked. This has been observed to increase the confidence of tests and guarantees accurate results.

- Commodity management: ZPCT II followed up commodity challenges which had adversely affected operations of laboratories at all levels of health care. Stock-outs of Sysmex pocH 100-i haematology analyzer and the Cobas Integra chemistry analyzer series of reagents and consumables was attributed to clearance processes that had to be clarified by the procuring partner. Furthermore, the rebasing of the kwacha adversely affected procurements as well during the quarter, but the situation however normalized towards the end of the quarter. Reagents for the ABX Pentra C200 chemistry analyzer that had been stocked out for about a year were received and facilities have resumed chemistry testing though some facility staff will have to be retrained in order to refresh skills. ZPCT II will work with the respective vendors to ensure this is done early during the next quarter.
- Equipment: ZPCT II supported the repairs of the Humalyzer 2000 chemistry analyzers in PopART sites and also facilitated for the repairs of the Cobas Integra chemistry analyzer at Mpika District, Mbala GH, Roan and Thompson Hospitals. This quarter, the installation of the outstanding ABX Pentra C200 was fulfilled at Kawambwa District Hospital. ZPCT II continues to monitor closely equipment functionality at supported facilities at the various levels of care.

Pharmacy services

Technical support to pharmaceutical services was provided in 395 ZPCT II supported health facilities (371 public and 24 private). The major focus of technical assistance was on promotion of medication therapy management systems within pharmacies and provision of drug information to patients using standard reference guidelines including job aids, dosing wheels and other IEC materials provided to HCWs. Other focus areas were on providing support for MC activities and management of information systems in supported facilities.

- ARTServ dispensing tool: This quarter, the ARTServ database was in use at 80 facilities (76 public and four private sites) in all the ZPCT II supported provinces. Technical support was provided to sites that were not able to operationalize the tool attributed to malfunctioning computers and human resource constraints. A total of five computers were non-functional due to various reasons and will be repaired in the next quarter. ZPCT II will continue to follow-up and provide technical support and mentoring to address these challenges.
- Smart Care pharmacy module: ZPCT II continued to monitor the performance of the Smart Care integrated pharmacy module at 16 facilities using the system, and only one site, Solwezi General Hospital was reported as nonfunctional while Mpika District Hospital had a backlog during the quarter due to challenges with staffing. Smart care version 4.5.0.3 underwent a series of tests for ART, laboratory including the pharmacy and inventory modules and it is expected that the upgrading process will take effect next quarter.
- Pharmaceutical Management: ZPCT II participated in the evaluation and review of the national mentorship for pharmacy program aimed at improving pharmaceutical services in the public health systems that was piloted in selected Lusaka and Copperbelt facilities last quarter. This was done in an effort to learn best practices and follow up on any issues and also to strategize on how the mentors could effectively and successfully implement the pharmacy mentorship program. As a result of this review, re-orientation sessions were conducted for the mentors prior to roll out of the program to an additional 12 sites in Southern province. This was followed by pre-mentorship assessment and mentorship sessions which were conducted successfully and feedback will be given next quarter. The next provinces to be incorporated will be Central, Western and Eastern provinces.
- Rational Medicine Use: This quarter, ZPCT II promoted health systems strengthening and capacity building for Provincial Pharmacists in collaboration with MOH and CIDRZ to ensure the sustainability of quality HIV care for all Zambians. This was done through two primary strategies: firstly to transition direct HIV program support to the Provincial Medical Offices (PMOs) by building clinical and management capacity to deliver reliable essential services and secondly to promote the long-term viability of HIV care by developing effective models that integrate Prevention of Mother to Child Transmission (PMTCT) and Antiretroviral Therapy (ART) in existing primary health care services and

leverage this investment to provide better and more comprehensive basic care. DTC meetings continued to be held with ZPCT II support where feasible in support of medication therapy management programs and pharmacovigilance activities continued to be monitored throughout the provinces.

▪ Other support

- *Post Exposure Prophylaxis:* The issue of lack of paediatric Kaletra at facility level persisted this quarter despite sufficient stocks being available at MSL in support of PEP. This has been attributed to the low use at service delivery points and also due to MSL not honoring orders from facilities. Access to ARV drugs for PEP still remains a challenge especially for non-ART sites and this has affected the roll out of the PEP program. Concerns had been raised around management of PI's at lower level health facilities. ZPCT II will continue to provide focused TA and mentoring on the management of the commodities required for PEP.
- *Supply chain and commodity management:* Technical assistance visits were conducted during this quarter with a focus on monitoring quality of services and to strengthen commodity management systems. ZPCT II continued to participate in national level activities focused on planning for various commodities in support of the ART, PMTCT, OI and STI, MC, Reproductive Health and other programs closely linked to HIV/AIDS services provision.
- *ARV Logistics System Status:* There were reports of low stocks of Nevirapine 200mg tablets at some sites attributed to the stock outs of the product at central level however pending shipments were expedited to address this. The other product that stocked out centrally was pediatric Abacavir/Lamivudine which was erroneously ordered by one ZPCT II supported site on the Copperbelt but this error has since been resolved. A check at most facilities was indicative of an overstock of Stavudine based products due to decreased usage coupled with reports of a push system and these products are likely to expire on the shelf. ZPCT II has intensified technical support visits to affected sites to resolve this logistical problem. Reports of stock imbalances on some products such as Zidovudine/Lamivudine adult FDC and Alluvia were also reported at some sites that are either directly or indirectly supported by CHAZ due to inconsistent supply.
- *PMTCT Logistics System:* The stock-out of Nevirapine tablets also affected stock status at PMTCT only sites. However stock redistributions at provincial level ensured minimal service delivery interruptions.
- *EMLIP:* The Essential Medicines Logistics Improvement Program (EMLIP) which was rolled out to some districts to enhance the distribution of essential medicines faced some challenges such as low fill rate of below 40% leading to increased reports of stock outs. As a result of this MOH decided to suspend further roll out and reintroduced the distribution of health centre kits as per previous allocations.

During this reporting period, ZPCT II experienced low stocks of MC consumable kits due to delayed shipments to resupply the pipeline and this affected service delivery. In an effort to normalize the situation, ZPCT II intensified provincial redistributions subsystems and worked with SCMS to follow up on expected shipments and adhere to expected delivery dates. However this did not work out as planned and this led to a stock out at ZPCT II Lusaka office and some MC sites. The current status quo will affect future MC campaigns; however the situation is expected to normalize by April, 2013. Towards the end of the reporting period some bulk supplies were received including lignocaine and were distributed to MC sites in support of MC outreach activities and routine service delivery at MC static sites. At the end of the quarter plans were underway in support of the upcoming April school holiday MC campaign; receipt of the anticipated supplies from SCMS is key to the success of the campaign. Monitoring the use of these commodities is ongoing at facility level to ensure accountability and appropriate, rational use of the procured commodities, and also to ensure that there are no gaps in service provision.

- Guidelines and SOPs: The revised pharmacy SOPs were submitted to MOH for approval. Feedback is expected early next quarter and next steps will include printing, launch and dissemination of the SOPs.

2.2: Develop the capacity of facility and community-based health workers

Trainings

This quarter, ZPCT II conducted little training than originally planned due to insufficient funds caused by the delayed USAID obligation. Additionally, the provincial medical offices requested rescheduling of trainings because of the performance appraisals for the DMOs and health facilities. The following trainings were conducted:

- *Counseling and testing:* 20 lay counselors underwent refresher training in CT
- *PMTCT:* 75 HCWs and 27 lay counselors were trained in PMTCT, while 47 HCWs underwent refresher training in PMTCT.
- *Clinical care/ART:* 27 HCWs underwent training in pediatric ART/OI.
- *Laboratory/Pharmacy:* 12 HCWs were trained in ART commodity management, and 21 HCWs attended equipment use and maintenance training.

As always, all the full PMTCT, CT and ART and OI management technical trainings included a module on monitoring and evaluation as well as post-training, on-site mentorship to ensure that the knowledge and skills learned are utilized in service delivery in the different technical areas.

This quarter, two provincial mentorship orientations were conducted at model sites for 24 HCWs from North-Western and Northern Provinces in their respective sites. Also, ZPCT II is participating in the analysis and reporting for the evaluation of the nurse prescriber program coordinated by the General Nursing Council of Zambia.

2.3: Engage community/faith-based groups

A total of 1,275 community volunteers were supported by ZPCT II (322 ASWs, 451 Lay counselors, and 502 PMTCT Lay counselors) this quarter. During this reporting period, 600 volunteers were paid using the automated ZANCO Bank XAPIT system while 675 volunteers received their payments by cash.

During the quarter under review, ZPCT II CARE team (M&E Advisor community, Community Mobilization and Referral Advisor, Coordinator Grants and Community Program Manager) conducted provincial technical support visits in all the provincial ZPCT II offices. The purpose of the visits was to monitor implementation of community mobilization and referral network activities in the provinces and offer support to enhance implementation. The newly recruited M&E Advisor was oriented to the ZPCT II program and visited the provincial offices. The visits offered an opportunity to see successes, challenges, and offer solutions.

The ZPCT II community volunteers referred clients to the supported sites in these areas, including:

- *CT:* Lay counselors at the ZPCT II supported facilities mobilized and referred 20,404 (10,929 females and 9,473 males) for counseling and testing (CT). A total of 12,167 (7,684 females and 7,483 males) reached the facilities.
- *PMTCT:* PMTCT volunteers and TBAs referred clients to access PMTCT services, plan for delivery at the health facility, and provided information to expectant mothers. This quarter, 12,172 expectant mothers were referred for PMTCT services and 9,184 accessed the services at the health facilities across the six supported provinces.
- *Clinical care:* The volunteers made referrals to various HIV related clinical services such as TB, ART, and STI screening and treatment, and palliative care. A total of 5,271 clients (2,937 females and 2,334 males) were referred for clinical care, and 4,699 (2,508 females and 2,191 males) accessed the services.
- *ART:* This quarter, adherence support workers (ASWs) visited PLWHA who are on ART for peer support to promote adherence to ART treatment and to locate those lost to follow-up and re-engage them to services. As a result, ASWs visited and counseled 10,415 HIV positive clients (5,368 females and 5,047 males), and were referred for further management at the facilities.

During this reporting period, community outreach activities were conducted by community based volunteers, HCWs, and local community groups in an effort to strengthen referral linkages. A total of 52,520 individuals (31,406 females, 21,114 males) were sensitized through outreach activities by community based volunteers and referred to the supported health facilities for CT, MC, PMTCT, and clinical care services. Out of these individuals, 31,289 (19,376 females and 11,913 males) were reported to have reached and accessed services at the health facilities.

Mobile MC

This quarter, 7,094 males were mobilized and booked for MC, and 4,971 males (2,732 through mobile MC and 2,239 at static sites) were circumcised. As a standard practice, all males were tested for HIV before their circumcision. Some of the mobilized clients opted to stay away and others were referred for further medical attention. These MC activities were conducted at outreach and static sites.

Referral networks

ZPCT II continued coordinating with the PMOs, DMOs, District Aids Task Forces (DATFs), and other partners in the six provinces to strengthen district-wide referral networks. During this quarter, ZPCT II attended 21 referral network meetings held in the 45 supported district referral networks. The meetings focused on orientation of new executive committee members, strengthening of referral networks in locations where the networks were in-active, reporting, and reviewing HIV/AIDS activities. In addition, some challenges were noted such as; lack of funds for stationery, lunch and refreshments during meetings, and lack of transport for health centre in-charges to travel for the meetings. In the next quarter, ZPCT II will conduct orientation on how to access funds to support referral network meetings from the ZPCT II provincial offices.

Fixed obligation grants

During this quarter, monitoring visits were undertaken to the supported sub-grantees to verify the status of implementation. One organization is in the process of implementing its first milestone, another organization has completed its first milestone and achievements were being verified by the community unit. Four organizations are implementing their second milestone, and two organizations have completed their second milestone and their achievements were being verified. Another two have completed their third and final milestone and their achievements verified and payments made to them. Two organizations are being assessed for inclusion in the 2013 cohort of FOGs. ZPCT II has completed shortlist and selection of applicants for the 2013 round of grants.

In addition, ZPCT II conducted the fixed obligation grants training for recipients from March 18 – 20, 2013 in Kitwe. A total of 18 staff from the sub-granted organizations (Moment of Hope, Sengenu, NZP+ Nchelenge, NZP+ Kabwe and YOUSIN) participated in this training. The objectives of the workshop were as follows; build capacity on finance and M&E in FOGs, strengthen data management, collection and record keeping, build a common understanding on the FOGs implementation, build a common understanding on community registers in the facilities, develop clarity on how the non MC static sites can access ZPCT II mobile MC team, and data verification at the facility. The workshop generally provided insight to Sub-granted organizations on how they should operate the ZPCT II FOGs. The outcomes of the workshop were that the Sub-granted organizations developed a good understanding on how they should carry out their activities in relation to M&E and finance. They understood the data tools used on ZPCT II and how the data should be managed. The organizations expressed understanding on how they needed to carry out mobilization for MC and how they needed to fill in community registers.

Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.

3.1: Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services

During this quarter, ZPCT II and DMO/PMO staff conducted joint technical support visits to health facilities. In addition, staff members at both the PMO and DMO level needing training in some of the technical areas were included in the ZPCT II sponsored trainings to strengthen their capacity in mentoring and supervising facility staff. In addition, ZPCT II provided support and worked with facility staff in integrating HIV/AIDS services into MOH health services for reproductive health (RH); malaria; and maternal, newborn and child health

(MNCH). Health care workers in the MNCH departments were trained to provide PMTCT, CT and family planning as part of the regular package of MNCH services.

3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness

A total of 15 CT trainers (2 females and 13 males) were trained in integration of gender into CT trainings. During the training, participants shared examples of entrenched gender differences in their communities and contributed several examples of male and female gender norms that lead to HIV infection and limited use of CT services. They also rehearsed how to integrate gender into the counseling process through role play. In addition, participants became familiar with the draft facilitator's manual on Gender Integration into CT services and gave useful feedback on sections that need to be adjusted for a more efficient use of the manual. This training was conducted by the ZPCT II Gender Specialist and the Social Impact (SI) consultant. The SI consultant was in Lusaka to assist with the gender integration training, and assist ZPCT II project in developing a toolkit on prevention of gender-based violence (GBV) to be used at the community level.

In addition, ZPCT II continued conducting gender integration trainings for HCWs and community volunteers. This quarter, 19 members (7 females and 12 males) of the neighborhood health committees (NHCs) were trained in gender integration and GBV screening and referral.

Referral of GBV survivors continued to be a challenge due to limited information and presence of institutions offering supplementary services to survivors of GBV. ZPCT II undertook an exercise to take stock of all institutions operating in ZPCT II supported districts and produce a map of GBV related service providers. The map has been finalized and shall be placed in health facilities to enable health facility staff effectively refer GBV survivors to complementary GBV services in addition to those provided by the health facility.

In response to the recommendation from the Midterm Evaluation Team that ZPCT II should develop a comprehensive toolkit for community level sensitization on GBV and to strengthen GBV survivors' medical, legal, and psychosocial support, ZPCT II engaged the services of Social Impact to facilitate the process of developing the tool kit. The process took the form of holding discussions with different members of community to explore existing gaps, opportunities and possibilities for synergies with ongoing endeavors to address GBV. It is anticipated that the tool kit will be finalized in the second quarter.

There has been a notable increase in the number of couples counseled for FP/RH at ZPCT II participating health facilities from 3,151 in the last quarter, to 3,491 this quarter. A total number of 20,202 couples were counseled for HIV at ZPCT II participating health facilities. A total of 53 survivors of rape were provided with PEP.

Collaborative meetings with ZPI, COH and TBCARE have continued to be held and hosted by ZPCT II. These meetings are aimed at strengthening synergy among USAID funded FHI 360 projects in Zambia with regards to gender integration work. During the reporting period, a meeting resulted in organizations sharing some of the tools used in gender integration in order to achieve a standardized approach towards gender integration and gender mainstreaming respectively.

3.3: Increase the problem-solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs

During the reporting period, ZPCT II SI unit, working with the MOH at facility level, mentored health care workers in the use of QA/QI data to improve quality of service delivery in areas noted in the national SOPs and guidelines. HCWs from all ZPCT II sites were mentored to triangulate QA/QI data with the routine service statistics collected on a monthly basis. Additionally, quarterly feedback meetings, attended by facility and DMO staff, were held at district level to discuss data trends and use these to influence decision making at both health facility and DMO level.

Provincial teams collected capacity building management indicators from ZPCT II graduated districts. The indicators were collected from 14 of the 25 graduated districts across the six provinces. The four capacity building management indicators include; HR retention database, performance management assessments, funds disbursement, and action plan reviews.

- *HR retention database:* The tools indicate whether the graduated districts had an up-to-date personnel retention database or not. In all the 14 districts, it was found that personnel databases were up to date and contained information on health staff in the district including number of staff by type, transfers, attrition, variance in staffing levels, staff training and development plans, and leave plans. However, the database does not capture staff progression in the system.

Performance management assessments: It was observed that in 11 of the 14 districts, issues raised during performance assessments were resolved during technical support visits. However, Chavuma in North-Western Province had only resolved 6 of the 15 recommendations, and in Kawambwa and Mansa districts in Luapula Province, documents were not available for scrutiny. The DMOs were once again reminded of the importance of implementing recommendations arising from performance assessments.

- *Financial management:* This indicator focuses on DMO funds disbursement to facilities. It was found that all the districts in Luapula and Northern Provinces sent funds to respective facilities as required. However, in North-Western Province, Chavuma, Kabompo and Mufumbwe districts did not disburse funds to most of the facilities. This was because funding from the Government was delayed due to the reorganisation going on in the Ministry of Community Development, Mother and Child Health.
- *Planning:* The indicator focuses on the total number of times the action plan is reviewed and revised during each implementation year. The goal is to ensure that district action plans are reviewed and revised quarterly in each implementation year to ensure planned activities are being implemented as planned and priorities are realigned in light of changing district priorities and funding environment. A review of documents at the 14 DMOs indicated that all but one had revised their action plans every quarter. Mansa district had not revised its action plans in the year 2012 to date. The district management was advised to consider the reviews as necessary in efficient utilisation of resources.

3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities

Mentorships for this reporting period were conducted by PMO staff in human resource and financial management in 16 districts of Central, Copperbelt, and North-Western provinces. These hands-on mentorships were aimed at enhancing the capacity of DMO accounts and human resource staff in carrying out their responsibilities using approved systems and guidelines. Generally, the mentorship results showed that the district medical offices were improving across all areas of financial and human resource management. The other provinces, Luapula, Northern and Muchinga will conduct their semi-annual mentorships next quarter.

Luapula and North-Western Provinces hosted planning refresher trainings for 31 PMO and DMO staff aimed at strengthening their planning skills. The five-day trainings were conducted by ISTT. Participants included district medical officers, planners, HMIS officers. Notable was the annual planning which was thorough and highly participatory, though the same could not be said about allocation of funds to the action plan at DMO, health centers, health posts and NHC where budget review and control were quite weak. In both workshops, there was a marked improvement in the participant scoring, between the pre and post-test results.

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

This quarter, 24 private sector health facilities are supported by ZPCT II with 21 of them providing ART services, and all the 24 providing CT and PMTCT. HCWs from the supported private health facilities were mentored in various technical areas. Specifically, TA focused on the following:

- Mentorship and supervision of HCWs providing ART/CT/PMTCT/MC services: Technical assistance, mentorship and supportive supervision was provided in all 24 supported sites with focus on providing hands-on mentorship to newly trained HCWs in using national ART guidelines in managing clients, national reporting tools in the new sites. In addition, ZPCT II facilitated meetings with private facilities and respective DMOs to foster coordination and collaboration. As a result, the Kitwe private practitioners working group has started functioning. This has helped the partners and other private practitioners to attend a monthly clinical meeting as well review difficult cases.

- Data Management Tools /Job aids: All supported private sites have commenced the use of national reporting tools and reporting statistics to their respective DMOs. Following the 2012 training, provincial technical staff provided onsite orientation on data management and use for planning service delivery.
- Linkage to MOH commodity management: ZPCT II worked with the PMOs and DMOs to create linkages between the private and public health facilities in areas of sample referral, ARV commodity supplies through the DMO ARV logistic system. To date there has been 10 informal agreements commenced between DMOs and private practitioners to access the ARVs & laboratory services from the public health centres with guarantees for reporting consumption data in return,

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II collaborated with Ndola DMO and Kitwe DMO to provide technical support in service integration for the Ndola Diocese's community home-based care program in Ndola and Kitwe districts. ZPCT II provided technical and logistical support in the provision of ART outreach to Chishilano and Twatasha Home Based Care centers, respectively. This quarter, 48 new clients were initiated on ART and 383 old clients were reviewed.

At the national level, ZPCT II met with other USG partners such as JSI-Deliver on commodities logistics system, and Society for Family Health, Marie Stopes, and Jhpiego on male circumcision.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and evaluation (M&E)

ZPCT II M&E continued to compile service statistics for the quarterly program results and other data reports for USAID. In March 2013 two indicators on PMTCT and Care were introduced through the new PEPFAR requirement of new indicators. The introduction of the indicators led to the revising the ZPCT II M&E procedures manual. On the HIV retesting study, the provinces supplied the missing information for the study that was queried through the feedback that was provided to them.

The SmartCare version (V4.5.0.3) did not get released last quarter because the testing of the software is still ongoing. Therefore no installation and training for SI staff was done both at national and provincial levels. SmartCare commissioning was on hold last quarter awaiting release and deployment of new SmartCare software. During the quarter the SI unit managed to work with the SmartCare developers on including all the ART indicators into the database.

The SI unit continued the work of refining four research protocols which include: male involvement in PMTCT, using SMS technology to improve retention, using QA/QI to measure sustainability, and training studies in collaboration with other technical unit members. In addition, the SI unit conducted both qualitative and quantitative data audit in 57 sampled ZPCT II supported sites for the period of October 2012 to January 2013. The reports were submitted to the Data Manager for data processing and analysis to determine the statistical margin of error.

This quarter, the PMP (Performance Management Plan) was developed. The unit is awaiting feedback from USAID to finalize the document. Additionally, the unit set and revised targets for the PEPFAR indicators. The unit also began the process of developing the database for reporting the ZPCT II Capacity Building and Management indicators.

Quality assurance and quality improvement (QA/QI)

A capacity building workshop was conducted to strengthen the QI component of ZPCT II's QA/QI system by the Director for Health Systems Strengthening at FHI 360 HQ, Dr. Bruno Bouchet. The workshop trained 30 ZPCT II technical staff (Lusaka & provincial offices) in coaching facility-based QI teams. The workshop's objective was to build capacity of ZPCT II staff in QI coaching so that they can support facility-based QI activities and mentor the district supervisors in managing improvement projects. The expected results from the coaching workshop are improvements in priority issues for the HIV system of care documented through monthly project monitoring forms shared in a central database managed by the Lusaka core QI team. Evidence of results to be reported to USAID in quarterly progress reports.

The Quality Assurance/Quality Improvement assessments were conducted in 253 public & private ZPCT II supported sites in both graduated and non-graduated districts. This was accomplished through the administration of QA/QI Questionnaires in the following technical areas: ART/CC, PMTCT, CT, Laboratory, Pharmacy and Monitoring and Evaluation. The analysis of the collected data provided the basis of developing evidence based quality improvement plans for all identified priority areas in each program as it is evidenced that quality improvement is always data driven. Below is a summary of the main findings from the QA/QI findings from this quarter:

ART/Clinical Care

ART provider and facility checklists were administered in 121 reporting ART health facilities in both graduated and non-graduated districts. The main findings following the ART/Clinical care service quality assessments were noted as follows:

- Liver function & kidney tests are not being conducted for patients before ART initiation and monitoring of CD4 count for patients on ART is not consistently conducted every 6 month in some of the health care facilities. Affected districts include; Serenje, Chibombo, Kapiri, Mkushi, Kabwe, Ikelenge, Kasempa, Kabompo, Solwezi. The reasons advanced for this include:
 - There is an inconsistent supply of laboratory reagents in some facilities.
 - Too many patients needing CD4 monitoring; priority given to those being initiated on ART and lab has daily CD4 sample limit;
 - Shortage of lab staff to perform the laboratory tests,
 - CD4 test reagents were out of stock in some facility
 - Clinicians not diligent in ordering CD4 count test according to protocol,
 - Broken down sample referral motorbike
 - Poor sample referral system.
 - Restrictions on the total number of samples to be collected daily.
 - Nonfunctional laboratory equipment's (COBAS Integra) over long periods of time in some facilities.

Action Taken:

- Mentored HCW in ordering procedures of reagents to ensured availability of reagents
 - Discussed with program unit and lab officer to plan for procurement automated chemistry analyzer and improve on sample referral
 - Liaised with Lab/Pharm and program unit to ensure an effective sample referral system throughout the province.
 - Implemented an effective system of timely repairing of motorbikes and as well as timely provision of fuel.
 - Additional CD4 count machines have been procured & provided.
- SmartCare patient monitoring reports are not regularly utilized as a basis in decision making for quality patient care. The affected districts include: Mpika, Mafinga, Kasama, Mbala, Mungwi, Mporokoso, Solwezi, Mufumbwe, Kabompo, Chavuma, and Mwinilunga. The main reasons for the aforementioned include:
 - Clinical meetings are not being held in most facilities
 - ART teams don't look at the Smart Care Reports for efficient ART program management even when the reports are routinely printed and filed by the DEC's

Action Taken:

- Technical officers started mentoring HCWs on the importance of SmartCare patient monitoring reports
- Encourage clinical meetings in most facilities as this will improve the level of patient care.
- Conducted on-site orientation in the new ART Guidelines for HCWs in ART clinics
- Job Aids supplied and displayed in all the consulting rooms to improve use of SmartCare monitoring reports

CT/PMTCT

Under the CT/PMTCT unit the CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection tools were administered in 331 CT and 320 PMTCT sites in graduated and non-graduated districts. The main findings of the CT/PMTCT quality assessments are as follows:

- All babies born to HIV positive mothers are not being referred for EID DNA PCR HIV testing services. The affected districts include: Kasama, Isoka, Mafinga, Chilubi, Nakonde, Mungwi, Mpulungu and Mbala. The reasons given for these are as follows:
 - Non availability of DBS cards for EID DNA PCR HIV testing in the facilities.
 - Transportation challenges of DBS cards from the facility to the hub.
 - DBS kits were out of stock in some of the districts.

Action Taken:

- Discussed with staff on the procedure of ordering of DBS cards.
 - Redistribution of DBS cards and continued mentorship with HCWs to ensure timely order of DBS kits to avoid stock outs.
 - Collaborate with specific DMO's to provide transport for DBS from facilities to the hub.
- Non adherence to external quality controls on 10% HIV test samples. Affected districts include: Mpulungu, Mungwi, Nakonde, Mpika, Isoka, Kasama, Ikelenge, Mwinilunga and Mufumbwe. The reasons advanced for these are follows:
 - Trained staff not available to collect samples for quality control from clients seen by lay counselors.
 - Lack of transport for sample referral in affected facilities

Action Taken:

- Conducted on-site mentorship on conducting peer to peer quality control on 10% HIV test samples

Laboratory infrastructure

The laboratory QA tool was used for quality monitoring in 86 health facilities in both graduated and non-graduated districts. The following issues were documented:

- Some of the laboratories have no post exposure prophylaxis policies and procedures, no laboratory safety, ethical manuals and accident reporting registers. Affected districts include; Mansa, Kawambwa, Samfya, Mwense, Milenge, Mpongwe, Muyombe and Kaputa. The reasons advanced for these are:
 - Previously distributed policies in some facilities have been misplaced
 - Lab staff did not appreciate the importance of these reporting books.

Action Taken:

- Mentored laboratory staff on importance of post exposure prophylaxis documentation
- Some of the laboratory equipment was irregularly serviced. The affected districts include: Isoka, Kaputa, Mungwi, Mpulungu, Nakonde, and Kasama. The reason for the observation are follows:
 - The facility administration had neglected this area

Action Taken:

- Follow-up with specific vendors involved in servicing of laboratory equipment has been planned
 - Facility staff were encouraged to be conducting daily maintenance activities on all lab equipment as per standard operating procedures
- Some laboratories do not have reagents available for all critical laboratory tests, some laboratories had stock out of LFT reagents for the Humalyzer 2000 analyzer and the Cobras Integra 400 plus Analyzer. Affected districts include the following; Mansa, Samfya, Mwense, Kasama, Nakonde, Mpulungu, Mungwi, Kaputa, Kasama, Isoka, Chinsali, Mporokoso, Mpika and Mbala. The main reason for the above-mentioned is as above:

- There was a national stock out of laboratory reagents at Medical Stores Limited.

Action Taken:

- Some of the reagents have since been out-sourced and delivered to affected districts
- The facilities concerned have included the commodities on their budgets.

Pharmacy

The pharmacy QA tool was used for quality monitoring in 158 health facilities in both graduated and non-graduated districts. The following issues were documented:

- Some of the pharmacies in health facilities did not have lockable cabinets for storing drugs in the dispensing area. Affected districts include; Chibombo, Serenje, Kapiri Mposhi, Ikelenge, Mufumbwe and Kasempa. The reason advanced for this were:
 - Facility financial constraints to procure lockable cabinets.

Action taken:

- Request for procurement of lockable cabinets was included in the last amendments to the District RAs
- Inadequate pallets in the bulk store rooms at some facilities with some products and containers being kept on the floor. Affected districts include; Kasama, Kaputa, Isoka, Mafinga, Mpika, Nakonde, Chinsali, Mungwi, Mpulungu, Chavuma, Kasempa, Mwinilunga and Solwezi, The reasons advanced for this include;
 - Pallets not enough for the available large stocks (three months stocks)
 - Pharmacy personnel are not making pallet procurement requests to management

Action taken:

- Program unit to be consulted for possible inclusion in facility RAs
- Staff mentored on stock management
- Pharmacy in charges were urged to request management to procure pallets;
- Facilities advised to consider purchasing pallets using their facility grants.

Monitoring and Evaluation (M&E)

The M&E QA tool was administered in 253 health facilities in both graduated and non-graduated districts; the tool assesses the component of data management. The notable findings included the following:

- Some ART facilities do not have updated Pre-ART and ART registers for clients receiving HIV Care & treatment. This was noted in the following districts; Kitwe, Solwezi and Kasempa. Reasons advanced included:
 - Most private sector facilities do not have exclusively dedicated staff for data management.
 - Facility Staff/DECs concentrated on updating SmartCare and not the registers

Action Taken:

- M&E officers to provide training and comprehensive on-site support in the documentation of events in the Pre-ART and ART registers to facility staff in the affected facilities.
- M&E unit to provide technical assistance and follow up on register updating on a bi weekly basis through reminders and on site checks on each visit to the facility.
- Some ART facilities have challenges in patient file management; most patient files are not filed in filing cabinets and include incomplete filing of SmartCare forms such as eligibility, adherence, Initial history and laboratory forms. Affected districts include; Kitwe, Solwezi Zambezi and Kasempa. The reasons noted for this include:
 - The number of clients is on the increase while the supply of filing cabinets has been not been commensurate with the increase.
 - Filing cabinets for Private sector facilities are not catered for in the Budget.

- The patient flow was not structured well resulting in some files being filed in the cabinet before it reaches the DEC and also late updates by clinicians in some cases.

Action Taken:

- M&E unit provided technical assistance in ART file management to the DEC and ART staff on each visit to the ART facilities.

District graduation and sustainability plan

This quarter, no district was graduated from the ZPCT II intensive technical support leaving the total of graduated districts at 25 across the six supported provinces. The following two districts namely Zambezi & Mwense are targeted to graduate in the second quarter of 2013. The other districts targeted to graduate in the third quarter of 2013 are Kasempa, Kapiri Mposhi, Masaiti and Mpongwe.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: ZPCT II continued to provide programmatic, financial and technical support to 381 public facilities in the 45 districts across the six provinces during the reporting period. Currently, ZPCT II is managing a total of 64 recipient agreements, one with UTH –MC Unit, six PMOs, 45 DMOs and 12 hospitals.

Renovations: Of the 52 new refurbishments targeted for 2012, 45 have been completed, 4 were dropped as some of the buildings identified for refurbishment did not belong to the Ministry of Health, and the remaining 3 have been moved to this year as the budget estimates were insufficient. Tender advertisement for the 25 facilities assessed and targeted for this year are to begin in the second quarter of 2013.

Mitigation of environmental impact

As an ongoing activity, ZPCT II continues to monitor management of medical waste and ensure environmental compliance in all of its supported renovations. Implementation of the plan developed for provision of incinerators, placenta pits and sewage disposal systems has commenced following budget re-alignment approval. A total of 27 incinerators have been targeted for refurbishment and fencing off to prevent scavenging and tender advertisement will commence in the second quarter.

Procurement

ZPCT II procured printing services of the following: 2,398,191 Adult and 377,625 Pediatric Smart-Care forms, 181,538 Chronic HIV Care Symptom Screening Checklist forms, 12,335 Male Circumcision Client forms. All forms have been delivered to the provincial offices for further distribution to the health facilities.

In the last quarter it was reported that the nine motor vehicles procured for project use was still undergoing the registration process; this process was completed and the vehicles have been distributed to the provincial offices.

Human Resources

During the quarter under review, ZPCT II effected a reduction in staff (RIF) process, with 23 staff being let go in the month of May 2013. This process is line with our approved budget realignment (modification #7). A total of 50 positions will be made redundant by December 2013. The RIF's process is consistent with the normal rhythm of a project as targets are reached and the overall level of effort required for project implementation shifts.

Information Technology

This quarter, IT staff from Lusaka and the provincial offices travelled to Ndola and installed the necessary IT infrastructure in the new Ndola office. In the next quarter, IT will complete the office relocation by moving servers and internet connectivity equipment to the new premises.

Also the IT team continued with the replacement of RAM modules that were received to upgrade computer memory in various supported health facilities. These upgrades have improved the performance of SmartCare computers instead of procuring entirely new computer equipment.

In the last quarter, FHI 360 globally migrated to a new cloud based email platform called Microsoft Office 365. All email accounts for ZPCT II staff were migrated to the new email platform. This quarter, IT rolled out Lync 2010 and continued providing training and orientation on the new email system to ZPCT II staff. Lync 2010 is an instant messaging (IM) and presence application which is part of Office 365. Lync has improved corporate communication allowing organization wide instant messaging instead of relying only on email and telephones for communication. This will also reduce telephone communication costs. In the coming quarter, IT will roll out SharePoint 2010 for document sharing, co-authoring, editing and review of documents online.

With the completion of the transfer of ZPCT II asset information into Pastel in the last quarter, ZPCT II has now transitioned to managing its assets from Excel to Pastel. In Lusaka, all new acquisitions are now entered into Pastel. IT had planned to roll out Pastel to the provinces during the quarter under review. However, this was not done because the Pastel activation has expired and needs to be renewed before the roll out. The procurement unit is currently working on the renewal and the rollout will continue in the next quarter, after the activation has been completed.

In the next quarter, IT will collect all nonfunctional, old and obsolete UPS equipment in all the ZPCT II offices and dispose of it through the identified organization.

Finance

- Pipeline report: The cumulative obligated amount is \$89,719,000, out of which we have spent \$87,125,822 as of March 31 2013. An amount of \$6,901,000 was advanced towards the current obligation for the work plan year January to December 2013 and our current expenditure is \$5,272,650. This represents 76.40% of the advance on the current obligation. The reporting period had a remaining obligation of \$1,628,350. Using the current burn rate of \$1,757,550, the remaining obligation is not enough to continue the new work plan period beyond April 2013. However USAID is working on an incremental obligation which will be approved next quarter beginning April 2013.
- Reports for Jan-Mar 2013
- SF1034 (Invoice) - February 2013
- SF425 (quarterly financial report) through December 2012

KEY ISSUES AND CHALLENGES

National-level issues

- **Staff shortage in health facilities**

Shortage of staff in health facilities has remained an ongoing issue across all six provinces. ZPCT II continued to support task shifting. This quarter, 94 community volunteers were trained in counseling and testing and PMTCT to support the HCWs in the health facilities.

- **Laboratory commodity stock-outs**

Selected facilities reported low stocks and stock out of HIV test kits attributed to late /non-reporting and challenges with district level redistribution. The late/non-reporting is attributed to staff attrition and lack of supervision. ZPCT II is working with USAID/Deliver and SCMS to ensure all providers are trained in the relevant logistics management and with the DMO's and facility management to ensure adequate supervision is provided to health care workers and counselors. Additionally HIV test kits were stocked-out at central level for a short time during the month of February but supplies were replenished in March. By the end of the quarter facilities had placed orders and started receiving stocks. Central level stock outs of liver function monitoring test for Cobas Integra, Humalyzer 2000 and ABX Pentra C200 were experienced throughout the quarter with a few tests being available intermittently. Hematology reagents for Sysmex Poch 100-i, namely Poch pack 65, and for ABX Pentra 80 were also stocked out both centrally and at facility level. However Sysmex Poch 100-i and Pentra C200 reagents were received centrally towards the end of the quarter and facilities had begun to place orders. Some affected facilities initiated self-procurement of these reagents while some facilities initiated specimen referral to facilities that had reagents. There was also a central stock out of EDTA specimen collection containers throughout the quarter and facilities had to self-procure to avoid disruption of services. Few supplies were received centrally but the supply is still inadequate to meet the demand. DBS kits were also stocked out centrally with a few facilities reporting stock out at the beginning of the quarter. Supplies were received during the quarter and all these were distributed to facilities to replenish supplies leaving a stocked-out status at the end of the quarter. ZPCT II has continued provincial redistributions of supplies, national level monitoring and is following up the procurement of stock in collaboration with MOH and other partners (UNICEF and CHAI).

- **ARV Stock Imbalances**

Some sites experienced low stocks of Nevirapine 200mg tablets due to a stock out at national level. Also, there was an artificial stock out of pediatric Abacavir/Lamivudine 60/30mg at MSL due to erroneous order. There is an overstock of Stavudine based products at most facilities due to low usage rates.

- **Lack of DBS bundles**

The inadequate stock of DBS bundles has persisted even in this quarter in some districts in all provinces. ZPCT II staffs has continue to redistribute DBS kits from low use facilities with excess stocks, the stock levels of DBS bundles are insufficient in most supported facilities. . This has contributed to an interruption in service provision. ZPCT II continued to work in collaboration with the DMOs and Laboratory coordinators to facilitate ordering of DBS bundles from MSL to ensure uninterrupted supply of commodities and improve service delivery. ZPCT II has also continued to actively participate in national level forecasting and quantification activities.

- **Equipment functionality and stock status**

- *Humalyzer 2000 chemistry analyzers:* Several breakdowns of the Humalyzer 2000 chemistry analyzers were reported during the quarter some of which are Serenje and Mkushi District hospitals and various other sites on the Copperbelt and in Northern provinces. Most were attended to during the quarter with the instruments at Kakoso HC, Ipusukilo Clinic, Kamuchanga DH, Mbala GH and Kasama GH still not functional by the end of the quarter. ZPCT II has communicated this information to the vendor, Biogroup (Z) Ltd and will continue to follow up to ensure the instruments are attended to. To ensure minimal interruptions in service delivery, where feasible, specimen referral activities have commenced in all these facilities. Most equipment is functional but not in use due to reagent shortages at central level.

- *Cobas Integra chemistry analyzers:* The high throughput chemistry machines that had broken down last quarter at Thompson, Ronald Ross and Mpika hospitals were repaired with ZPCT II having to procure replacement parts to facilitate the repairs. During the quarter, the analyzer at Kasama General Hospital broke down and repair is pending. While most instruments are functional, some are not in use due to the reagent shortage at MSL.
- *FACSCount CD4 machines:* Few breakdowns were experienced during the quarter but all these were attended to by the vendor Becton Dickinson and all instruments were reported as functional at the end of the quarter.
- *FACSCalibur:* With the stable supply of reagents and the re-orientation of identified staff, most instruments are now in use. ZPCT II will continue to monitor the functionality and use rate of these instruments to ensure maximum benefit is realized from these high through-put analyzers.
- *ABX Micros haematology analyzers:* few instruments experienced faults during the quarter under review with two instruments still not in use at the end of the quarter, namely at Mbala General Hospital and Kasama Location Clinic. The respective vendor has been notified, and in the meantime service provision at Mbala has not been affected since they have a higher throughput instrument, the ABX Pentra 80, which is functional. Specimen referral has been initiated at Kasama Location Clinic to ensure continued service provision.
- *Sysmex pocH 100-i:* three instruments were reported as faulty during the quarter, namely at Mwachisompola Clinic, and Mpulungu and Mwenda Rural Health Centers. The respective vendor has been notified of the faults and ZPCT II will follow up to ensure that the repairs are done in the shortest time. Specimen referral is ongoing and further follow ups will be made during next quarter. Other instruments in the provinces were functional but most not in use due to the reagent shortage at MSL which normalized at the end of the quarter. ZPCT II will work with facilities and MSL to ensure supplies are replenished at facility level and that services resume.

▪ **Renovations**

The status has not changed with regard to inadequate space for service provision. Ongoing discussions with PMOs and DMOs to help them prioritize infrastructure development have not yielded tangible results. ZPCT II will continue to support limited renovations. ZPCT II has identified and will support refurbishments in 24 health facilities and tender documents are currently being developed.

ZPCT II programmatic challenges

▪ **Inadequate rotational shifts in the PCR laboratory**

It has been noted that with the increased sample load, the 48 shifts approved for transport reimbursements is inadequate and a fulltime Biomedical Technologist/Scientist will need to be attached to the PCR laboratory from ADCH as indicated in the MOU between ZPCT II and ADCH management. Despite ongoing discussions between ZPCT II and ADCH management this has not been addressed. During the quarter, attempts to secure a replacement laboratory officer were unsuccessful due to the short duration of the contract with the project coming to an end next year. ZPCT II has allocated one technical officer to provide support on scheduled days to assist with meeting the demand at the lab.

▪ **Disposal of medical waste**

A number of rural facilities still lack running water, incinerators, and septic tanks/soak ways which would facilitate proper disposal of medical waste. ZPCT II has revised the Environmental Mitigation and Management Plan (EMMP) to include provision and refurbishment of MOH approved incinerators in 27 facilities. Facilities currently using ordinary pits will be supported through procurement of requisite impervious polythene sheeting for lining of the waste disposal pits. ZPCT II will also work with facilities to ensure appropriate depth, location of and fencing off of waste disposal pits.

▪ **Gender Based Violence**

Referral of GBV survivors continues to be a challenge due to limited presence of institutions offering supplementary services to survivors of GBV. The common type of referral taking place is between the health facility and the police. Institutions that offer services like shelter for battered women and abused

children, economic empowerment (loans and business training), psychosocial counseling, legal protection etc. are rarely found in remote rural areas. ZPCT II will continue to work with stakeholders providing GBV related services and make appropriate referrals through its supported health facilities.

- **Specimen referral for CD4 count assessment**

Non-functional motorbikes in most districts across the supported provinces have continued affecting specimen referral. This has contributed to the low number of positive pregnant women accessing CD4 count. This was further hampered by the stock out of EDTA bottles that occurred in most of the health facilities across the ZPCT II-supported provinces. However, ZPCT II staff continued to follow-up on broken motorbikes for repair, and liaising with district lab coordinators to help in the procurement of EDTA bottles as well as encouraging facility staff in facilities with referral challenges to use WHO staging. Data entry clerks have also been encouraged to send CD4 results to PMTCT unit immediately they finish entering in the computers. ZPCT II staff mentored HCWs in correct documentation in the eMTCT registers

ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (January – March 2013)	Travel plans for Next Quarter (April – June 2013)
<ul style="list-style-type: none">▪ Gail Bryan, Senior Advisor Pharmaceutical Management travelled to Pretoria, South Africa to attend the fully sponsored MSH workshop on Maximizing Impact and Efficiency for project leads from January 20 – 27, 2013▪ Francoise Armand and Violet Ketani from Cardno HQ travelled to Lusaka to provide technical assistance on impact evaluations▪ Silvia Gurrola-Bonilla from Social Impact will travelled to Lusaka from February 9 – 16, 2013 to provide on-site technical support for strengthening gender integration into ZPCT II work	<ul style="list-style-type: none">▪ Bruno Bouchet Director Health Systems Strengthening will travel to Lusaka, to provide technical assistance to the quality improvement (QI) activities of the ZPCT II project in order to enhance and replicate improvements achieved in HIV prevention, care, treatment and support services from 5th - 17th April 2013▪ David Wendt, Senior Technical officer – Health System Strengthening, will travel to Lusaka 8th – 24th May 2013 to conduct internal review of QA/QI and capacity building activities. He will assist to assess the effectiveness of ZPCT II's ongoing capacity building activities and identify opportunities for improving on these efforts

ANNEX B: Meetings and Workshops this Quarter (Jan. – Mar., 2013)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	January 17, 2013 <i>mHealth meeting:</i> This was held at ZCHARD offices to review progress on Project Mwana activities for each implementing partner. The meeting agreed that MOH and UNICEF take the lead in most of the activities such to bring ZAMTEL, MTN & ZICTA on board, registering of SIM cards with MTN & Airtel for project Mwana printers and meet with UTH and ADH lab personnel to discuss data entry for all sites.
	January 22, 2013 <i>SMGL Phase II Planning meeting:</i> The meeting was held at CDC to provide input to provincial phase two plans. The meeting agreed that integration and coordination of SMGL activities be promoted at all levels with updating of policies/ guidelines and strengthening of QA system.
	January 23 - 24, 2013 <i>Review of the PMTCT Mentorship tool meeting:</i> Jhpiego hosted this meeting at their offices to discuss the updated option B+ for PMTCT and share experiences on the current PMTCT mentorship tool. To move towards the virtual elimination by 2015, the ‘test and treat’ concept should be applied to all pregnant women who test HIV positive, discordant couples, all TB/HIV co-infected individuals and all infants 0 – 24 months.
	January 30, 2013 <i>The SMGL partners meeting:</i> This was held at ZPCT II offices. This was a monthly meeting to discuss updates for SMGL project in four supports districts of Zambia. Partners were advised to submit their SMGL work plans and budgets for Year II and a list of two names of staff to be attending the SMGL monthly meetings.
	February 14 – 15, 2013 <i>Option B+ consultative meeting:</i> The consultative meeting was held at Southern Sun Ridgway Hotel hosted by the MOH to discuss the community engagement on option B+, and M&E indicators.
	February 25 – 27, 2013 <i>Option B+ consultative meeting:</i> Option B+ Short Term Implementation Plan Development, consultative meeting held at Southern Sun Ridgway Hotel. The meeting discussed the continuum of patient care, human resource, the supply chain management, the community engagement and monitoring and evaluation.
	February 28, 2013 <i>SMGL monthly partner's meeting:</i> the meeting was held at JSI offices to discuss monthly updates. It was agreed that all success stories, newsletters on SMGL project should be coordinated by USG team and the two ministries (MOH and MCDMCH) before any publication.
	March 4 – 7, 2013 <i>Coordinating HTC Campaign meeting:</i> Organized by the Ministry of Community Development Maternal and Child Health (MCDMCH) in conjunction with UNAIDS, the meeting was held in Kabwe at Tuskers Hotel. The HTC campaign was necessitated by the low numbers of clients accessing CT services in Zambia. According to CSO, Zambia is at 15% CT access for clients aged between 15 and 49 years old. Zambia has the lowest HCT in the region and HIV prevalence is at 14.3%. The campaign is a pilot programme which may be rolled out in the near future to enable the country reach at least 50% access by the year 2015
	March 13 - 14, 2013 <i>Treatment as prevention consultation meeting:</i> the meeting was held at Radisson Blu to look into a better understanding of the concerns and challenges on the ground in Zambia; a collection of real concerns to be taken into consideration and to be fed into guidelines for TasP implementation; recommendations, suggestions and best practices to be used in shaping TasP roll out in other countries with similar epidemics, legal and policy frameworks; a common understanding of the issues and potential challenges of TasP implementation at the country-level and lastly look into the understanding of the body of evidence for TasP
MC	March 27, 2013 <i>SMGL monthly partner's meeting held at CDC offices to discuss monthly updates:</i> The team was informed about the SMGL Conference in Livingstone in April 16 – 19 April, 2013 with USG and Uganda delegation. The team was informed about CURE International joining the SMGL initiative. It was mentioned that USAID regulations on constructions were updated and further guidance will be provided by Dr. Velsaco to the team.
	January 31, 2013 <i>National MC Technical Working Group Meeting at MOH Training Room:</i> ZPCT II attended and participated in this MC TWG meeting that reviewed the annual performance VMMC program for Jan-Dec 2012. During the meeting the MOH MC coordinating unit provided feedback from the provincial field support supervision visit conducted in December 2012. The report highlighted areas that implementers need to work on that included the following: _perceived “competition” between partners should be clarified, efforts to engage traditional leaders must continue, better planning and coordination among stakeholders could further increase program performance and adherence to surgical safety

Technical Area	Meeting/Workshop/Trainings Attended
	<p>requirements at all times.</p> <p>February 21, 2013 <i>Eastern and Southern Africa regional conference on demand creation for Voluntary Medical Male Circumcision (VMMC) Overview at MCDMCH board room:</i> ZPCT II attended and participated in this meeting designed to provide an overview of the objective of the regional conference on demand generation. The meeting also outlined the role of the Zambian VMMC implementers in developing innovative ideas that can be funded to assess the impact this can have on demand generation. .</p> <p>March 5, 2013 <i>VMMC commodity procurement meeting between ZPCT II and JSI/SCMS at ZPCT II training centre:</i> ZPCT II participated in this meeting that was designed to review the VMMC commodity stock in view of the increased MC service delivery sites and additional outreach activities as recommended in the national MC operational guideline. The meeting also reviewed the VMMC commodity pipeline as well as the budget line managed by JSI.</p> <p>March 20, 2013 <i>National MC Technical Working Group meeting at MCDMCH Board Room:</i> ZPCT II attended and participated in this meeting that was designed to develop the national plan for carrying out national VMMC campaign for the month of April school holiday. Additionally it also reviewed the plans for the upcoming regional meeting by receiving report from the Research, M&E subcommittee of the possible innovative ideas that can be explored to assess the impact of the demand generation in Zambia,.</p> <p>March 27, 2013 <i>National MC Technical Working Group Meeting at MCDMCH:</i> ZPCT II participated in this meeting that was designed to develop guidelines for implementers to follow during the national VMMC campaign for the month of April 2013. The following were resolved as guidelines: ensure all partner /implementers provincial staff attend the PMO coordinating meeting before the commencement of April campaign, all partners/implementers must adhere to their MOH assigned sites as reflected in the reconciled facility list and all implementers must involve the community development assistants in community mobilization activities which is part of the program integration.</p>
ART/CC	<p>January 28, 2013 <i>Revision of the National Mobile HIV Services Guidelines at Grand Palace Hotel:</i> ZPCT II attended and participated in this one day meeting for reviewing the National mobile HIV service guideline. This review was necessitated by the operational experiences from the past two years in 15 districts, it has been found that the current 2010 guidelines did not provide direction on monitoring and evaluation of the program was to be done. Additionally the guidelines needed to be in line with current tide of global HIV/AIDS strategy such as “PMTCT Option B+” and “Test and Treat”.</p> <p>February 10 – 12, 2013 ZPCT II participated in the HIV Nurse Practitioner (HNP) report evaluation two day meeting held in Lusaka.</p> <p>February 11 - 13, 2013 <i>Revision of the National Mobile HIV Services Guidelines at Ibis Gardens, Chisamba:</i> ZPCT II attend and participated in this three days meeting called by MOH to review the guidelines by individual working groups and develop draft national Mobile HIV service guidelines for 2013.</p> <p>March 5, 2013 <i>Paediatric ART TWG meeting UTH PCOE:</i> ZPCT II participated in this one day meeting with MOH and other partners which is held monthly. The focus of the meeting was preparation for the forthcoming Paediatric ART conference spearheaded by EGPAF, MOH and other partners.</p> <p>March 14 – 15, 2013 ZPCT II facilitated at the improving the HIV quality of care for HCWs organized by Abbott and CIDRZ. Presentations were made on updates in PMTCT, paediatric HIV and managing HIV drug resistance. The two day workshop was held at Taj Pamodzi Hotel in Lusaka.</p>
Laboratory	<p>January 31, 2013 <i>Consultative Accreditation Meeting with UNIDO:</i> UNIDO consulted with ZPCT II on laboratory accreditation activities with MOH in an attempt to understand how the project is supporting MOH with WHO accreditation</p> <p>February 14, 2013 <i>Consultative Specimen Packaging Visit:</i> ZPCT II Laboratory staff visited Zambia Emory HIV Research Project (ZEHRP) to familiarize itself with specimen packaging options particularly as they relate to CD4 testing. Safety concerns have become an issue with the numerous specimen referral activities.</p> <p>March 20, 2013 <i>Laboratory TWG Meeting:</i> ZPCT II attended the Laboratory Technical Working Group annual retreat held in Kafue Gorge. Ministry and Partners exchanged notes and provided updates and challenges on implementation of laboratory services.</p>

Technical Area	Meeting/Workshop/Trainings Attended
Pharmacy	January 11, 2013 <i>National Pharmacy Mentorship Review Meeting:</i> ZPCT II attended this meeting to review findings and challenges faced ahead of the next phase of roll out. The mentors presented hands on perspective and made suggestions on how to improve this programme. After review of the reports submitted it was agreed that re-orientation be done for the mentors.
	January 23, 2013 <i>National Pharmacovigilance Meeting:</i> PRA hosted this meeting to review the national stakeholders meeting held last year and follow up on planned pharmacovigilance activities for 2013. They presented a proposal requesting for funding for training of provincial and district staff in ZPCT II supported provinces.
	January 24, 2013 <i>Supply Chain Strategy Stakeholders Meeting:</i> Ministry of Health (MOH) of Zambia identified the need for a comprehensive and coordinated strategic plan to guide the strengthening of the public health sector's commodity supply chain with the final goal of eliminating stock outs in health facilities. The meeting also discussed the Last Mile Distribution initiative which has been adopted by the Ministry of Health to improve the distribution of medicines and medical supplies to health facilities throughout the country
	January 30 – 01 February, 2013 <i>ARV Logistics system Re-design Workshop:</i> ZPCT II participated in this three day workshop in Siavonga to re-design the ARV LS for Lusaka district. This was necessitated owing to the fact that Lusaka being a high volume district with facilities with limited storage space needed a different system to address the challenges has been facing. The health centers upgraded to mini hospitals will be weaned off and the rest of the facilities will be computerized and will order weekly as opposed to monthly as per requirement
	February 14 – 15, 2013 <i>National Pharmacy Mentorship Re-orientation Workshop:</i> This workshop was held in an effort to strategize on how the mentors could effectively and successfully implement the pharmacy mentorship program. A review of best practices and the importance of the program as well as emphasis on mentor's good behavior, character, ethics and attitudes. Scenarios from the field and practical sessions at UTH were also done to improve on mentorship skills.
	March 19, 2013 <i>ARV Forecast & Quantification Meeting:</i> USAID Deliver project in collaboration with MOH held this one day meeting to review the quarterly forecasting and quantification for ARVs and Co-trimoxazole. The objective of the meeting was to review the 2013 forecast and the quantification conducted in July 2012 to make necessary adjustments to the forecast and procurement plans to avert stock imbalances.
	March 26 - 27, 2013 <i>Health systems strengthening and capacity building for Provincial Pharmacists:</i> This was a follow up meeting with Provincial pharmacists to review work plans drawn in the first meeting held. The meeting was aimed at building capacity, systems strengthening and promoting quality health care. .

ANNEX C: Activities Planned for the Next Quarter (Apr. – Jun., 2013)

Objectives	Planned Activities	2013		
		Apr	May	Jun
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Train 264 HCWs and 252 Lay counselors in CT courses.	x	x	x
	Escort clients who tested HIV-positive from CT corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services especially facilities with Labs	x	x	x
	Improve follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthen CT services in both old and new sites and mentor staff on correct documentation in the CT registers	x	x	x
	Strengthen access of HIV services by males and females below 15 years	x	x	x
	Strengthen child CT in all under five clinics	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	x
	Ongoing strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes especially North-Western and Central Province where the service is weaker. , Pilot is pending review and to be done this quarter	x	x	x
	Strengthen implementation of PwP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	x
	Strengthen couple-oriented CT in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	x
	Strengthen integration of routine CT to FP, TB, MC and other services with timely referrals to respective services.	x	x	x
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x
	Conduct mobile CT for hard to reach areas in collaboration with CARE international	x	x	x
	Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention	x	x	x
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x
	Strengthen integration of gender into CT programming during CT courses in collaboration with ZPCT II Gender unit	x	x	x
	Screening for gender based violence (GBV) within CT setting	x	x	x
1.2: Expand prevention of mother-to-child	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	x
	Strengthen provision of gender sensitive prevention education, adherence support and mother-baby pair follow up in the community through the use of trained TBAs/PMTCT lay counselors.	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester with immediate provision of ARVs for those that sero convert	x	x	x
	Train 155 HCWs and 130 Lay counselors in eMTCT to support initiation and strengthen eMTCT services.	x	x	x

Objectives	Planned Activities	2013		
		Apr	May	Jun
transmission (PMTCT) services	Continue the implementation of the HIV retesting study with data collection in the 10 sites targeted across the five of the six supported provinces		x	x
	Operationalize the use of the of the new 2013 eMTCT guidelines in the old facilities and new facilities	x	x	x
	Support the implementation of Option B+ as part of eMTCT strategies once a policy decision has been made by the MOH	x	x	x
	Orient facility staffs on B+ option.	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	x	x	x
	Procure point of service haemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	x	x	x
	Support primary prevention of HIV in young people as part of eMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	x	x	x
	Strengthen family planning integration in HIV/AIDS services with male involvement	x	x	x
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for eMTCT	x	x	x
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	x
	Strengthen implementation/use of PwP within eMTCT services for those who test positive through training using the PwP module in the eMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART, family planning and other appropriate services as needed.	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support implementation/strengthen use of new revised provider training packages for facility and community based providers to include gender based activities in line with the revised eMTCT 2013 protocol guidelines and norms for service delivery within eMTCT setting	x	x	x
	Support and strengthen gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/eMTCT rooms to accommodate partners	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking register	x	x	x
	Strengthen documentation of services in supported facilities	x	x	x
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement through incorporation of messages on male involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT	x	x	x
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities	x	x	x

Objectives	Planned Activities	2013		
		Apr	May	Jun
	Strengthen eMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access eMTCT services	x	x	x
	Revise and print 1000 copies of updated Job aids in line with option B+ and distribute them to supported facilities.	x	x	x
	Integrate family planning and HIV services and improve access of FP services through effective referrals, and promote prevention with positives.	x	x	x
1.3: Expand treatment services and basic health care and support	Conduct monthly, comprehensive technical assistance (TA) visits to ART and selected PMTCT/CT facilities across six provinces to support expansion and provision of quality, gender sensitive ART services that includes provision of prophylaxis and treatment of OIs, palliative care, PEP, nutritional and adherence counseling and linked to OPD, in-patient, STI, TB, C&T, ANC/MCH, and Youth Friendly Services, using MOH standards/guidelines	x	x	x
	Conduct ART/OI trainings for HCWs (ART/OI, ART/OI refresher, ART In-house, ART/OI Mop-up, pediatric ART, and Adherence counseling)	x	x	x
	TB/HIV integration by improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Implement the early TB-HIV co-management in all supported sites	x	x	x
	Scale up the initiation of HAART for eligible clients in discordant relationships	x	x	x
	Improved PMTCT client linkage through training of MCH nurses in ART/OI for easy assessment and HAART initiation for eligible pregnant women	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Strengthen facility ability to use data for planning through facility data review meeting	x	x	x
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen roll-out and implementation new Post Exposure Prophylaxis (PEP) Register	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Support pilot implementation of adolescent transition toolkit for adolescents in high volume sites	x	x	x
	Conduct quarterly mentorship sessions in ten model sites across the ZPCT II provinces	x	x	x
	Supportive supervision to 35 HIV nurse practitioner as part of task shifting on ART prescribing from doctors/clinical officers to nurses	x	x	x
1.4: Scale up male circumcision (MC) services	Conduct monthly, comprehensive technical assistance (TA) visits to 55 facilities across six provinces to support expansion and provision of quality MC services, and integration with CT services, using MOH standards/guidelines	x	x	x
	Train HCWs in male circumcision from ZPCT II supported sites providing MC services.	x	x	x
	Support post-training follow up and on-site mentoring of trained facility staff by UTH in all six provinces	x	x	x
	Orient MC facility teams on the new MOH VMMC registers and client intake form in all 55 MC sites	x	x	x
	Conduct 38 VMMC outreach in 38 districts across the supported provinces	x	x	x
	Conduct five mobile VMMC promotion Campaign program with the PMO on Community radio.	x	x	x
	Conduct VMMC community promotion around 50 MC static sites	x	x	

Objectives	Planned Activities	2013		
		Apr	May	Jun
	Support community mobilization activities for MC in collaboration with CARE	x	x	x
	Develop training modules for orienting Lay counselors in VMMC counseling and demand creation techniques	x		x
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				
2.1: Strengthen laboratory and pharmacy support services and networks	Provide support for the printing and dissemination of the revised pharmacy SOPs manual		x	x
	Participate in the national pharmacovigilance planned activities		x	x
	Support to the MOH pharmacy mentorship program	x	x	x
	Provide ongoing technical oversight to provincial pharmacy and lab technical officers	x	x	x
	Provide ongoing technical assistance to all the supported sites	x	x	x
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	x	x	x
	Assist pharmacy staff to correctly interpret laboratory data such as LFTs and RFTs in patient files as an aspect of good dispensing practice	x	x	x
	Participate in the implementation of the pharmaceutical aspect of the Option B+ strategy in the selected ZPCT II supported pilot sites	x	x	x
	Participate in the Pharmacy component of the POP ART pilot study in selected ZPCT II supported pilot sites	x	x	x
	Support the compilation of the reviewed Commodity management training package	x	x	x
	Participate in national quarterly review for ARV drugs for ART and PMTCT programs			x
	Support the implementation of the Model Sites mentorship program	x	x	x
	Strengthen pharmaceutical and laboratory services in the private sector	x	x	x
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	x	x	x
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x		
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	x	x	x
	Promote usage of tenofovir based regimens and newly introduced FDCs and monitor use of Abacavir based regimen as alternate 1 st line	x	x	x
	Monitoring in use of newly introduced FDCs for paediatric and adult HIV clients in ZPCT II supported ART facilities	x	x	
	Ensure constant availability, proper storage and inventory control of male circumcision consumables and supplies		x	
	Administer QA/QI tools and address matters arising as part of technical support to improve quality of services		x	x
	Support the dissemination of guidelines and SOPs for laboratory services.	x	x	
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	x	x	x
	Monitor and strengthen the implementation of the CD4 testing EQA program.	x	x	x
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities		x	
	Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities	x	x	x
	Support on the job training of facility staff in monitoring and reporting of ADRs in support of the national pharmacovigilance program.		x	x

Objectives	Planned Activities	2013		
		Apr	May	Jun
2.2: Develop the capacity of facility and community-based health workers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				
	Training for management personnel at PMO, DMO and facility level in Annual performance appraisal system (APAS) and Financial Management Systems (FMS)	x	x	x
	Develop assessment tools for assessing capacity building needs	x	x	
	Conduct assessments in the rest of the PMOs and DMOs and determine capacity building interventions	x	x	
	Develop training modules	x		
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
Public-Private Partnerships – Private health facilities	Conduct technical assistance visits (as part of TA visits described above) to 24 private sector facilities to implement quality CT, PMTCT, clinical/ART, MC, laboratory and pharmacy services, and integration into MOH National Logistics and M&E Systems.	x	x	x
	Identify and assesses 6 new PPP sites to meet the COP target	x	x	
	Conduct training for health care workers in CT, PMTCT, family planning, ART, MC (where feasible), pharmaceutical services management and laboratory services as part of the trainings	x	x	x
	Providing on-site post training mentorship to ensure MOH standards are followed and this will include provision of job aids, national protocol guidelines, standard operating procedures (SOPs) and regular technical assistance on their usage	x	x	x
	Work with 10 new none accredited PPP sites to reach accreditation for linkage to MOH ARV program	x	x	x
	Identify and Work with MOH contact person to facilitate the process of linking accredited PPP clinics to the MOH commodity supply chain for ARVs, where feasible in line with the MOH guidelines/policies	x	x	x
	Provide Mentorship in data collection in all 24 PPP sites using MOH data collection tools in line with the “MOH three ones principle” on monitoring and evaluation, as part of TA visits described above	x	x	x
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	No activities planned			
M&E and QA/QI				
	Update GIS coordinates, in conjunction with MOH, for Health Facilities which are not yet mapped			x
	Update and maintain PCR Lab Database, training database and M&E database	x	x	x
	Provide on-site QA/QI technical support in two provinces			x
	Support provincial QI coaches in implementation & documentation of QI projects in health facilities			x
	Facilitate the implementation of QA/QI systems in MC sites on the Copperbelt			x
	Provide technical support to SmartCare in conjunction with MOH and other partners	x	x	
	Provide M&E support to model sites		x	
	Provide field support to Chronic Health Care checklist and MC and		x	x

Objectives	Planned Activities	2013		
		Apr	May	Jun
	PCR databases in selected Copperbelt sites			
	SI unit participation in the SmartCare national training for the national upgrade.	x	x	x
	National SmartCare training targeting the provincial health staff.		x	
Program Management				
Program	Monitor implementation of monitoring plan and tools by provincial offices	x	x	x
	Approval of contracts for new renovations for year four	x	x	
	Amendment of recipient agreements and subcontracts	x	x	
	Delivery of equipment and furniture to ZPCT II supported facilities		x	x
	Training of ASWs, conduct community mobile CT and community-facility referrals for CT, PMTCT, and MC	x	x	x
	Facilitate district referral network meetings	x	x	x
	Provide sub grants to selected CBOs/NGOs		x	x
Capacity Building	Conduct five refresher trainings in Planning, Governance, HR and Finance in North-Western, Northern, Copper belt and Central Provinces.	x	x	x
	Facilitate Human Resources and Finance mentorships in 44 districts	x	x	x
	Facilitate collection of management Indicators in 25 graduated districts	x	x	x
	Submit report on Indicators/mentorships to ZPCT II Lusaka office			x
Gender	Finalize the development of the toolkit for community level sensitization on GBV and for addressing harmful male norms and behaviors that increase both men's and women's risk for HIV		x	
	Backstop provincial trainings for gender integration and GBV screening and referral.			
	Monitor the use of GBV service providers mapping in referral of survivors of GBV to complementary services.	x	x	x
	Monitor the use of the QA/QI checklist to strengthen gender integration in ZPCT II programming and service delivery.		x	x
	Conduct monitoring visits to Northern and Copper belt provinces		x	x
	Attend collaborative meetings with ZPI, Care and COH	x	x	x
Finance	FHI finance team will conduct financial reviews of FHI field offices, and subcontracted local partners under ZPCT II project	x	x	x
HR	Team building activities for enhanced team functionality		x	x
	Facilitate leadership training for all staff in supervisory positions	x	x	x
	Facilitate total quality management training across ZPCT II for enhanced efficiency and coordination amongst staff			x
	Recruitment of staff to fill vacant positions	x	x	x
IT	Staff Training on Office365 (Lync/SharePoint)	x	x	x
	Procurement of ZPCT II staff computers		x	x
	Reactivation and Rollout of Pastel to all ZPCT II Offices	x	x	x
	Relocation of Servers & Internet Connectivity equipment in Ndola	x		
	Maintenance of ZPCT II Computer equipment	x	x	x
	Memory Upgrades in Health Facilities	x	x	x
	Dispose of Obsolete UPS equipment for all ZPCT offices		x	x

ANNEX D: ZPCT II Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	4. Bwacha HC	Urban		◆	◆	◆	◆ ³		
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆			
	17. Kalwelwe RHC	Rural							
<i>Mkushi</i>	18. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	21. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	22. Nshinso HC	Rural		◆	◆	◆		◆	
	23. Chikupili HC	Rural		◆	◆	◆		◆	
	24. Nkumbi RHC	Rural		◆	◆	◆			
	25. Coppermine RHC	Rural		◆	◆	◆			
<i>Serenje</i>	26. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	27. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	28. Chibale RHC	Rural		◆	◆	◆		◆	
	29. Muchinka RHC	Rural		◆	◆	◆		◆	
	30. Kabundi RHC	Rural		◆	◆	◆		◆	
	31. Chalilo RHC	Rural		◆	◆	◆		◆	
	32. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	33. Mulilima RHC	Rural		◆	◆	◆		◆	
	34. Gibson RHC	Rural		◆	◆	◆			
	35. Nchimishi RHC	Rural		◆	◆	◆			
	36. Kabamba RHC	Rural		◆	◆	◆			
	37. Mapepala RHC	Rural							
<i>Chibombo</i>	38. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	39. Chikobo RHC	Rural		◆	◆	◆		◆	
	40. Mwachisompola Demo Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	41. Chibombo RHC	Rural		◆	◆	◆		◆	⊙ ¹
	42. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	43. Mungule RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	44. Muswishi RHC	Rural		◆	◆	◆		◆	
	45. Chitanda RHC	Rural		◆	◆	◆	◆ ³		
	46. Malambanyama RHC	Rural		◆	◆	◆		◆	
	47. Chipeso RHC	Rural		◆	◆	◆		◆	
	48. Kayosha RHC	Rural	◆ ²	◆	◆	◆		◆	
	49. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	50. Malombe RHC	Rural		◆	◆	◆		◆	
	51. Mwachisompola RHC	Rural		◆	◆	◆		◆	
Kapiri Mposhi	52. Shimukuni RHC	Rural		◆	◆	◆		◆	
	53. Kapiri Mposhi DH	Urban		◆	◆	◆	◆ ³		
	54. Kapiri Mposhi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	55. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	56. Chibwe RHC	Rural		◆	◆	◆		◆	
	57. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	58. Kampumba RHC	Rural	◆ ¹	◆	◆	◆		◆	
	59. Mulungushi RHC	Rural		◆	◆	◆		◆	
	60. Chawama UHC	Rural		◆	◆	◆		◆	
	61. Kawama HC	Urban		◆	◆	◆		◆	
	62. Tazara UHC	Rural		◆	◆	◆		◆	
	63. Ndeke UHC	Rural		◆	◆	◆		◆	
	64. Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	65. Chankomo RHC	Rural		◆	◆	◆		◆	
	66. Luanshimba RHC	Rural		◆	◆	◆		◆	
	67. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	68. Chipeco RHC	Rural		◆	◆	◆		◆	
	69. Waya RHC	Rural	◆ ¹	◆	◆	◆		◆	
	70. Chilumba RHC	Rural		◆	◆	◆		◆	
Mumbwa	71. Mumbwa DH	Urban		◆	◆	◆	◆ ³		
	72. Mumbwa UHC	Urban		◆	◆	◆			⊙ ¹
	73. Myooye RHC	Rural		◆	◆	◆		◆	
	74. Lutale RHC	Rural		◆	◆	◆		◆	
	75. Mukulaikwa RHC	Rural		◆	◆	◆		◆	
	76. Nambala RHC	Rural		◆	◆	◆			
Itezhi Tezhi	77. Itezhi Tezhi DH	Urban							
	78. Masemu RHC	Rural							
	79. Kanza RHC	Rural							
Totals			24	74	74	74	26	46	10

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

Copperbelt Province

District	Health Facility	Type of Facility (Urban / Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Ndola</i>	1. Ndola Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Arthur Davison Hospital	Urban	◆ ²		◆	◆	◆ ³		
	3. Lubuto HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	5. Chipokota Mayamba HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	⊙ ¹
	12. Kansenshi Prison Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban	◆ ²	◆	◆	◆		◆	⊙ ¹
<i>Chingola</i>	20. Nchanga N. GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	21. Chiwempala HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	22. Kabundi East Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	23. Chawama HC	Urban	◆ ²	◆	◆	◆	◆	◆	⊙ ¹
	24. Clinic 1 HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	25. Muchinshi Clinic	Rural	◆ ¹	◆	◆	◆		◆	
	26. Kasompe Clinic	Urban		◆	◆	◆		◆	
	27. Mutenda HC	Rural		◆	◆	◆		◆	
<i>Kitwe</i>	28. Kitwe Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	29. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	30. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	31. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	32. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	33. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	34. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙ ¹
	35. Twatasha Clinic	Urban		◆	◆	◆		◆	
	36. Garnatone Clinic	Urban			◆	◆		◆	
	37. Itimpi Clinic	Urban		◆	◆	◆		◆	
	38. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	39. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	40. Kwacha Clinic	Urban		◆	◆	◆		◆	
	41. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	42. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	43. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	44. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	45. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙ ¹
	46. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	

District	Health Facility	Type of Facility (Urban / Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
	48. Mwekera Clinic	Urban		◆	◆	◆		◆	
	49. ZNS Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	50. Riverside Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
<i>Luanshya</i>	51. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	52. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	53. Mikomfwa HC	Urban		◆	◆	◆		◆	
	54. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	55. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	56. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
<i>Mufulira</i>	57. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	58. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	59. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	60. Kansunswa HC	Rural		◆	◆	◆		◆	
	61. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	62. Mokambo Clinic	Rural		◆	◆	◆		◆	
	63. Suburb Clinic	Urban		◆	◆	◆		◆	
	64. Murundu RHC	Rural		◆	◆	◆		◆	
	65. Chibolya UHC	Urban		◆	◆	◆		◆	
<i>Kalulushi</i>	66. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	67. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	68. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	69. Chati RHC	Rural		◆	◆	◆			
	70. Ichimpe Clinic	Rural		◆	◆	◆			
<i>Chililabombwe</i>	71. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	72. Lubengele UC	Urban	◆ ¹	◆	◆	◆		◆	
<i>Lufwanyama</i>	73. Mushingashi RHC	Rural		◆	◆	◆		◆	
	74. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	75. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
<i>Mpongwe</i>	76. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⊙ ¹
	77. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	78. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
<i>Masaiti</i>	79. Kashitu RHC	Rural		◆	◆	◆		◆	
	80. Jelemani RHC	Rural		◆	◆	◆		◆	
	81. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⊙ ¹
Totals			43	79	81	81	42	57	16

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Chienge</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆		◆	
	5. Luchinda RHC	Rural							
<i>Kawambwa</i>	6. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	7. Mbereshi Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	8. Kawambwa HC	Rural		◆	◆	◆		◆	
	9. Mushota RHC	Rural		◆	◆	◆		◆	
	10. Munkanta RHC	Rural	◆ ¹	◆	◆	◆		◆	
	11. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	12. Kazembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	13. Mufwaya RHC	Rural		◆	◆	◆			
<i>Mansa</i>	14. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	15. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	16. Central Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	17. Matanda RHC	Rural		◆	◆	◆		◆	
	18. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	19. Buntungwa RHC	Urban		◆	◆	◆		◆	
	20. Chipete RHC	Rural		◆	◆	◆		◆	
	21. Chisembe RHC	Rural		◆	◆	◆		◆	
	22. Chisunka RHC	Rural		◆	◆	◆		◆	
	23. Fimpulu RHC	Rural		◆	◆	◆		◆	
	24. Kabunda RHC	Rural		◆	◆	◆		◆	
	25. Kalaba RHC	Rural		◆	◆	◆		◆	
	26. Kalyongo RHC	Rural		◆	◆	◆			
	27. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	28. Katangwe RHC	Rural		◆	◆	◆			
	29. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	30. Luamfumu RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	31. Mabumba RHC	Rural		◆	◆	◆		◆	
	32. Mano RHC	Rural		◆	◆	◆		◆	
	33. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	34. Mibenge RHC	Rural		◆	◆	◆		◆	
	35. Moloshi RHC	Rural		◆	◆	◆		◆	
	36. Mutiti RHC	Rural		◆	◆	◆		◆	
	37. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	38. Ndoba RHC	Rural		◆	◆	◆		◆	
	39. Nsonga RHC	Rural		◆	◆	◆		◆	
	40. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	41. Lukola RHC	Rural		◆	◆	◆			
	42. Lubende RHC	Rural		◆	◆	◆			
	43. Kansenga RHC	Rural							
<i>Milenge</i>	44. Mulumbi RHC	Rural		◆	◆	◆		◆	
	45. Milenge East 7 RHC	Rural	◆ ²	◆	◆	◆	◆		
	46. Kapalala RHC	Rural		◆	◆	◆			
	47. Sokontwe RHC								

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Mwense</i>	48. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	49. Mwense Stage II HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	50. Chibondo RHC	Rural			◆	◆		◆	
	51. Chipili RHC	Rural		◆	◆	◆		◆	
	52. Chisheta RHC	Rural		◆	◆	◆		◆	
	53. Kalundu RHC	Rural			◆	◆			
	54. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	55. Kapamba RHC	Rural		◆	◆	◆		◆	
	56. Kashiba RHC	Rural		◆	◆	◆		◆	
	57. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	58. Kawama RHC	Rural		◆	◆	◆		◆	
	59. Lubunda RHC	Rural		◆	◆	◆		◆	
	60. Lukwesa RHC	Rural	◆ ²	◆	◆	◆		◆	
	61. Luminu RHC	Rural			◆	◆		◆	
	62. Lupososhi RHC	Rural			◆	◆			
	63. Mubende RHC	Rural		◆	◆	◆		◆	
	64. Mukonshi RHC	Rural		◆	◆	◆		◆	
	65. Mununshi RHC	Rural		◆	◆	◆		◆	
	66. Mupeta RHC	Rural			◆	◆			
	67. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	68. Mutipula RHC	Rural			◆	◆			
	69. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Nchelenge</i>	70. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	71. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	72. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	73. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	⊙ ¹
	74. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	75. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	76. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	77. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	78. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	79. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	80. Kabalenge RHC	Rural							
<i>Samfya</i>	81. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	82. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	83. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	84. Shikamushile RHC	Rural		◆	◆	◆	◆ ³		
	85. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	86. Kabongo RHC	Rural		◆	◆	◆		◆	
Totals			30	76	82	82	20	52	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

Muchinga Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Nakonde</i>	1. Nakonde RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆ ¹	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆ ²	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
<i>Mpika</i>	9. Mpika DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	10. Mpika HC	Urban		◆	◆	◆		◆	
	11. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	12. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	13. Mpumba RHC	Rural		◆	◆	◆		◆	
	14. Mukungule RHC	Rural		◆	◆	◆		◆	
	15. Mpika TAZARA	Rural	◆ ²	◆	◆	◆		◆	
	16. Muwele RHC	Rural		◆	◆	◆			
	17. Lukulu RHC	Rural		◆	◆	◆			
	18. ZCA Clinic	Rural		◆	◆	◆			
	19. Chikakala RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	20. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	21. Chinsali HC	Urban		◆	◆	◆		◆	
	22. Matumbo RHC	Rural		◆	◆	◆		◆	
	23. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	24. Lubwa RHC	Rural		◆	◆	◆	◆		
	25. Mundu RHC	Rural		◆	◆	◆			
	26. Mwika RHC	Rural							
<i>Isoka</i>	27. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	28. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	29. Kalungu RHC	Rural	◆ ²	◆	◆	◆		◆	
	30. Kampumbu RHC	Rural		◆	◆	◆			
	31. Kafwimbi RHC	Rural		◆	◆	◆			
<i>Mafinga</i>	32. Muyombe	Rural	◆ ¹	◆	◆	◆	◆	◆	
	33. Thendere RHC	Rural		◆	◆	◆			
Totals			9	32	32	32	9	16	4

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kasama</i>	1. Kasama GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban	◆ ²	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Chilubula (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ ²	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
<i>Mbala</i>	14. Mbala GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	15. Mbala UHC	Urban		◆	◆	◆		◆	
	16. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	17. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	18. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	19. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	20. Mpande RHC	Rural		◆	◆	◆			
	21. Mwamba RHC	Rural		◆	◆	◆			
	22. Nondo RHC	Rural		◆	◆	◆			
	23. Nsokolo RHC	Rural		◆	◆	◆			
	24. Kawimbe RHC	Rural		◆	◆	◆			
<i>Mpulungu</i>	25. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	26. Isoko RHC	Rural		◆	◆	◆			
	27. Chinakila RHC	Rural		◆	◆	◆			
<i>Mporokoso</i>	28. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	29. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Luwingu</i>	30. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	31. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	32. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	33. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	34. Kampinda RHC			◆	◆	◆	◆	◆	
	35. Kalaba RHC			◆	◆	◆	◆	◆	
<i>Mungwi</i>	36. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	37. Malole RHC	Rural		◆	◆	◆		◆	
	38. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	39. Chimba RHC	Rural		◆	◆	◆		◆	
	40. Kapolyo RHC	Rural		◆	◆	◆		◆	
	41. Mungwi RHC (CHAZ)	Rural	◆ ²	◆	◆	◆	◆		⊙ ¹
	42. Makasa RHC	Rural		◆	◆	◆			
<i>Chilubi Island</i>	43. Chaba RHC	Rural		◆	◆	◆		◆	
	44. Chilubi Island RHC	Rural	◆ ²	◆	◆	◆	◆		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	45. Matipa RHC	Rural		◆	◆	◆		◆	
Totals			17	45	45	45	17	27	6

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC			◆	◆	◆			
	13. Lumwana East RHC			◆	◆	◆			
	14. Maheba A RHC			◆	◆	◆			
<i>Kabompo</i>	15. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	16. St. Kalemba (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	17. Mumbeji RHC	Rural		◆	◆	◆		◆	⊙ ¹
	18. Kasamba RHC	Rural		◆	◆	◆		◆	
	19. Kabulamema RHC	Rural		◆	◆	◆			
	20. Dyambombola RHC	Rural		◆	◆	◆			
	21. Kayombo RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	22. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	23. Zambezi UHC	Urban			◆	◆		◆	
	24. Mize HC	Rural		◆	◆	◆		◆	
	25. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
	26. Mukandakunda RHC	Rural		◆	◆	◆			
	27. Nyakulenga RHC	Rural		◆	◆	◆			
	28. Chilenga RHC	Rural		◆	◆	◆			
	29. Kucheka RHC	Rural		◆	◆	◆			
	30. Mpidi RHC	Rural		◆	◆	◆			
<i>Mwinilunga</i>	31. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	32. Kanyihampa HC	Rural		◆	◆	◆		◆	
	33. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	34. Lwawu RHC	Rural		◆	◆	◆			
	35. Nyangombe RHC	Rural		◆	◆	◆			
	36. Sailunga RHC	Rural		◆	◆	◆			
	37. Katyola RHC	Rural		◆	◆	◆			
	38. Chiwoma RHC	Rural		◆	◆	◆			
	39. Lumwana West RHC	Rural		◆	◆	◆			
	40. Kanyama RHC	Rural		◆	◆	◆			
<i>Ikelenge</i>	41. Ikelenge RHC	Rural		◆	◆	◆		◆	⊙ ¹
	42. Kafweku RHC			◆	◆	◆			
<i>Mufumbwe</i>	43. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	44. Matushi RHC	Rural		◆	◆	◆		◆	
	45. Kashima RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	46. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
<i>Chavuma</i>	47. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	48. Chivombo RHC	Rural		◆	◆	◆		◆	
	49. Chiingi RHC	Rural		◆	◆	◆		◆	
	50. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	51. Nyatanda RHC	Rural		◆	◆	◆			
<i>Kasempa</i>	52. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	53. Nselauke RHC	Rural		◆	◆	◆		◆	
	54. Kankolonkolo RHC	Rural		◆	◆	◆			
	55. Lunga RHC	Rural		◆	◆	◆			
	56. Dengwe RHC	Rural		◆	◆	◆			
	57. Kamakechi RHC	Rural		◆	◆	◆			
Totals			12	56	57	57	14	20	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

ANNEX E: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Central Province									
Kabwe	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban		◆	◆	◆	◆		
Mkushi	4. Tusekelemo Medical Centre	Urban	◆	◆	◆	◆	◆		
Copperbelt Province									
Ndola	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban	◆		◆	◆	◆	◆	
	11. Medicross Medical Center	Urban	◆		◆	◆	◆	◆	
Kitwe	12. Company Clinic	Urban	◆	◆	◆	◆	◆ ³		
	13. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	14. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	15. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	16. SOS Medical Centre	Urban	◆		◆	◆	◆ ³		
	17. Tina Medical Center	Urban	◆	◆	◆	◆	◆ ³		
	18. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
	19. Springs of Life Clinic	Urban	◆	◆	◆	◆		◆	
	20. Progress Medical Center	Urban	◆	◆	◆	◆	◆	◆	
Luapula Province									
Mwense	21. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
North-Western Province									
Solwezi	22. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⊙ ¹
	23. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⊙ ¹
	24. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⊙ ¹
Totals			21	19	24	24	20	13	3

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4